(VRA 15, 4)

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		FOR
1	-	STATE
		DECICTEA

360095

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> YEAR 1915

R MARRIED

DIVORCED [

CITY LIMITS?

REG. NO

December 18, 1985

70 BALTIMORE CITY OR COUNTY OF DEATH

Cecil County

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Hammer Operator

6 AGE | IN YEARS LAST BIRTHDAY)

12a USUAL OCCUPATION

175 KIND OF BUSINESS OR

Beth. Steel

INDUSTRY

3:10pm

DE							
	CEASED NAME	FIRST	N	AIOOLE	L	AST	
(TYPE	OR PRINT)	WILLI	AM	J.	BE	NDER	
1. SE	X.	4. F	RACE		5. DATE O		
M	ale		White		5	8	19
	RTHPLACE (STATE OR	FOREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MA	RRIED
	ennsylvani		U.S.A	-	WIDOWE		RCED
	erry Point		(IF NOT IN SUCE	HOSPITAL, NURSIN HEACILITY, GIVE STREET Cical Cet	ADDRESS)	R OTHER INSTIT	UTION
	AL RESIDENCE (IF NUR						
13a. S	STATE	136 COUNTY	1/	13c. CITY OR TOW	'N	13d. INSIDE CITY	LIMIT
	laryland	BAlti	More	Dundall	<		10 🔀
4 FA	ATHER'S NAME	MIDE	DIF	LAST		15 MOTHER'S A	AAIDEN
P	dichard	Mipi		Bender		Mar	-
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMAN	
-	YES, NO OR UNKNOWN)	WW I	_	210-07-8	3497	VAMO	C, 1
	Conditions, if ony gove rise to im couse (0), stati	mediate ng the	(b)	R AS A CONSEQUE		eft lowe	er 1
NO	gove rise to im	mediote ng the e lost.	DUE TO, OF	R AS A CONSEOU	ENCE OF		
IFICATION	gove rise to im couse (0), station underlying couse	mediote ng the e lost. NIFICANT CON	DUE TO, OR	R AS A CONSEOU	ENCE OF	NOT RELATED TO	O THE
CAL CERTIFICATION	gove rise to im couse (o), stotic underlying couse PART 2 OTHER SIG	mediate mediat	DUE TO, OR	R AS A CONSEQUE ONTRIBUTING TO I TION FOR WHICH FINJURY M. MONTH DA	DEATH BUT	NOT RELATED TO	O THE
MEDICAL CERTIFICATION	gove rise to im couse (o), stoti underlying couse PART 2 OTHER SIG	mediate ng the lost. NIFICANT CON TION DERLYING CAUSE OF DEATH (CAL EXAMINER) RED	DUE TO, OR (c) NDITIONS CC 196 CONDI 216. TIME OI HOUR A.M	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH D,	DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO	O THE
	gove rise to im couse (o), stotiunderlying couse PART 2 OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER, NOTHY MED 21d IN JURY OCCUR WHITE NOTW AT WORK AUTO 22a, I certify that Y	mediote ng the 2 lost. NIFICANT CON TION DERLYING CAUSE OF DEATH ICAL EXAMINER) RED (Ithis hospitol)	DUE TO, OR (c) NDITIONS CC 196 CONDI 216. TIME OI HOUR A.A. 716. PLACE C (AT HOME STRI	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH D, M. DFINJURY EET, FACTORY, OFFICE, F deceosed from	OPERATION AY YEAR 19 ARM. ETC.)	NOT RELATED TO N WAS PERFORA 216. HOW INJU 216. LOCATION STREET	O THE
	gove rise to im couse (o), stoting underlying couse PART 2 OTHER SIG	mediote ng the 2 lost. NIFICANT CON TION DERLYING CAUSE OF DEATH ICAL EXAMINER) RED (Ithis hospitol)	DUE TO, OR (c) NDITIONS CC 196 CONDI 216. TIME OI HOUR A.A. 716. PLACE C (AT HOME STRI	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH D, M. DFINJURY EET, FACTORY, OFFICE, F deceosed from	OPERATION AY YEAR 19 ARM. ETC.)	216. HOW INJU	O THE

13e.STREET ADDRESS / ZIP CODE 208 S. Woodwell Road 21222 R'S MAIDEN NAME arie Zellner ADDRESS MANT AMC, Perry Point, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH arrest ower lube pneumonia ED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20b. IF YES, WERE FINDINGS USED FORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 TION STATE to December 18 y) (our) opinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN 12-18-85 Medical Center, Perry Point, Md. R CREMATORY 23d. LOCATION 12/21/1985 | Gardens Of Faith Baltimore Maryland 24 FUNERAL DIRECTOR DUNGALK, Md. 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE UEU 20 1985

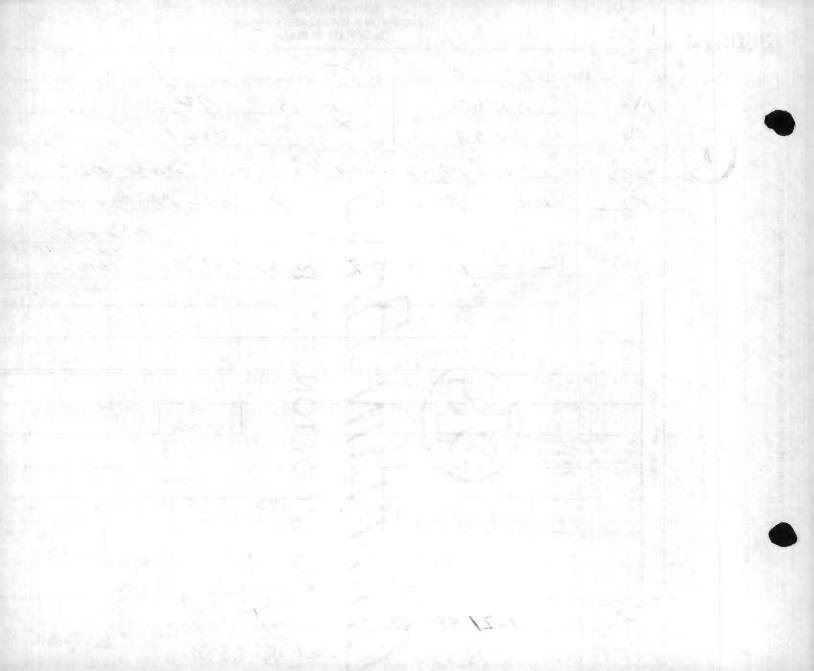
BP

should be with the S

Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

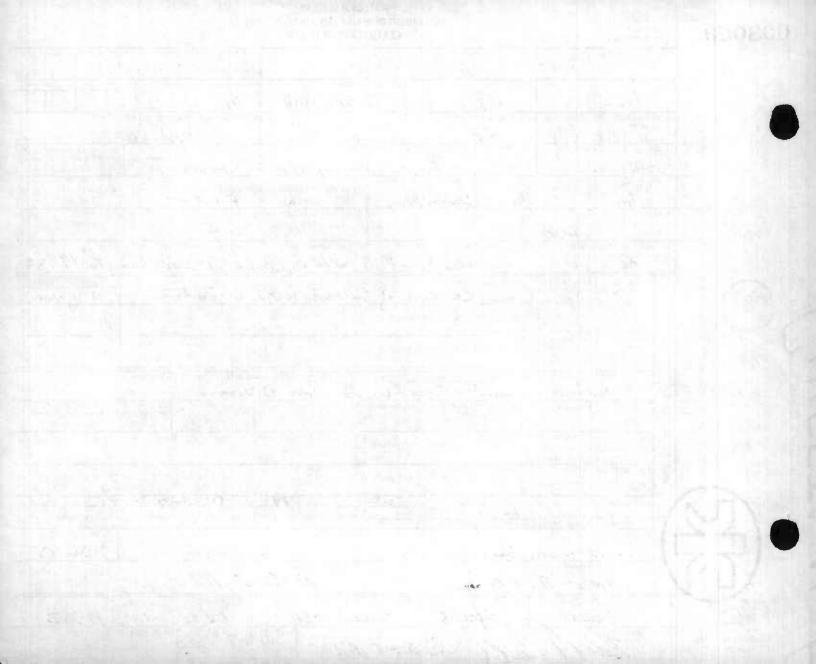
000000	1-	FOR STATE		DEPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIEÑE S	3 4 5	2 3
360072		REGISTRAR				REG. NO		
· L		CEASED NAME FIRST OR PRINT)	MIDDLE		LAST		MONTH DAY YEAR	26. HOUR
		RAVMO	ND A.	130	PT	1	2 168	5 M
0 8 3	3. SE)		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT		
and other and	1	VALE	WHITE	MONT	H DAY YEAR	72	YRS.	AYS HOURS MIN
2 62 18/6	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	NEVER MARRIED	7	R COUNTY OF DEATH	1
	1	PA.	U.S.A.	WIDOW		CECIL		MD.
1 (1 4 2 7)	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON 126. KIN	ID OF BUSINESS OR
= 1 CT (3/0)	Ri	SING SUN		NTOOME	ey Rd.	MEAT CUT		
120	USU	L RESTDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDE	ENCE BEFORE ADMISSION		1	718	2111
4D 2		7D. CECI	. /	OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Instance	Fes Rd.
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		THER'S NAME	1713	700,000	IS MOTHER'S MAIDEN N		1011 700 12	
AR 1 17/1/	1	2 FIRST	WIDDLE	LAST	FIRST	WIDDLE	mel.	LAST
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours open. Poges 1 and 2 should be fill mail. It has medical executed to fill y, the medical executer must be	1/2 /	AS DECEASED EVER IN U.S. A	PMED ECIPCES? 14h SOC	TAL SECURITY NO.	17. INFORMANT	ADDRE	" KAN	15 11 13
on sund	100 ()	ES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)		Man	T ME	- SAM	E 141 13
WI # 64 # /		vo -	111	-16-237	11/ARGALE	-1 /1. Doi	21 /100	VE
BAI of the sale		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS)	only one cause per line for to	a), (b), and (c).)	O i		BETW	PROXIMATE INTERVAL
2 542 2			ATE CAUSE (o)	Munom	a of lung	2 cmetasta	140	2 montino
W. PRESTON ST on the death certs by the attending is remotes carbon cremation, or rea			DUE TO, OR AS A CO	ONSEQUENCE OF	0	2		
STC decident		Canditions, if any, which	(b)					
A shared		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO	ONSEQUENCE OF				0 1
W 10 40 40		underlying cause lost.	1000	Discourse	Smoker		l,	fe lime
DIVISION OF VITAL RECORDS, 301 NG PHYSICIAN; The low requires the ottending physicion. If the this certificate has been signed to so the burial-transit permit. Then pleas the and Mental Hygiene prior to burial orked or Item 18 shows any injury, or a street or Item 18 shows any injury, or a street or Item 18 shows any injury, or a street or Item 18 shows any injury, or a street or Item 18 shows any injury, or a street or Item 18 shows any injury, or a street or Item 18 shows any injury, or a street or Item 18 shows any injury, or a street or Item 18 shows any injury, or a street or Item 18 shows any injury, or a street or Item 18 shows and injury.		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BUT		MINAL DISEASE OR CONE	OITION GIVEN IN PAR'	T 1(a)
RDS, signification of the property of the prop	N N			4 - 1 - 1 - 1				
Down re prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	IDINGS USED
L RECO	FIG					YES INON	IN CERTIFYING CAUS	SES OF DEATH?
VISION OF VITAL R 3 PHYSICIAN: The In the dring physicion. re this certificote has fre buriol-tronsit per and Mental Hygiene ced or frem 18 shows	ERI	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR		
ON OF VITA HYSICIAN: The ding physicic is certificate buriol-transit Mental Hygicia		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MOI		200			
NYSIC ling scer went went	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJUR	19	211 LOCATION			
IVISIO	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	RY, OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N COUNTY	STATE
DIV ING Affer os fi		-		Dr.	0.5	100-12	C E	
DI ENDING ol or o OR, After use os Health is mort		220.1 certify that (I) (this hasp saw the deceased alive a	1 0 1		19 8 -	, to	2 19 3 7	L, that (I) (we) last
21 45 45 45 45 45 45 45 45 45 45 45 45 45		abave, (I) (we) (did) (did n	ot) view the body after dea	19 <u>8</u> , o	nd na in (my) (aur) apinior	death occurred on the do		
OR ATTEN The hospital DIRECTOR, acked for us Dept. of He If hem 21 is		27b. SIGNATURE	0	A	DEGREE	, MEDICAL STAF		ATE SIGNED
TAL V th ore of deto		Ulu	X M	101	ATTENDING PHYSICIAN	MEDICAL STAF	IAN [一十とり
HOSPITAL ned by th FUNERAL uld be den the State		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	5	22e ADDRESS	0		
TO HOSPITAL OR A retoined by the hos TO FUNERAL DIRECT should be detached with the State Dept.		Neil	1 aylor	MO	Kisno	Jun,	VIB.	
of shippy with the shippy with	23a. B	URIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF	EMETERY OR CREMATORY	23d. LOCATION		
	1	Bulin	12-79-85	Vilar	NoTTHICHA	SITY OR TOWN	COCI	STATE
DHMH-16 60M 1/73	24 FL	INERAL DIRECTOR	7	VV CO	250. DA	TE REC'D. BY REGISTRAR		YOLURIA DO
(VR A 15 (4))	1	T FOARD	17:51A	DORESS SUL) ral. DFO	23 1985 9	isha wantason-	Mashares :



365230	FOR STATE REGISTRAR			DEPART		EALTH AND MENT		NE 🔾 🔪	NO.			
000200	1. DECE ASED NAME	FIRST	M	NDDLE .	i	AST	2	a. DATE OF DEATH	MONTH	DAY YE	AR 21	HOUR -
be eath	(TIPE OR PRINT)	Ann	M	Br	own				12	19 85	5 1	954
moy b	3. SEX Female	4. R	RACE		5. DATE C		100	AGE (IN YEARS LAST	BIRTHDAY)	MONTHS I		FUNDER 24 HRS
s off	KXKKKKX	K C	Cauvas	ian	05	31 90	EAR }	95	YRS		DAYS	HOURS MIN.
Page dire	70. BIRTHPLACE (STATE	OR FOREIGN 7b (CITIZEN OF V	VHAT COUNTRY?	8	NEVER MARRI	9.	9. BALTIMORE CITY OR COUNTY OF DEAT		TH		
nerol n 72	Wilming	ton. De	. U	.S.A.	WIDOWE			Cecil				MD.
offer d	Elkton	DEATH 11.				ROTHER INSTITUTE		TYPE OF WORK FOR MOS	TOF WORKING		STRY	BUSINESS OR
120	USUAL RESIDENCE (#1	NURSING HOME OR OTHE	ER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)			Homem	aker	-	at	home
AND 2 AND 2 filled inould b	Md.	136 COUNTY		130. CITY OR TOW Elkt	'N	13d. INSIDE CITY LIA YESXIX NO	_	3. STREET ADDRES	s eswe]	11 AV	enu	e /
BALTIMORE, MARYLAND 2120 e. be executed within 24 hours on and completely filled in by ris. Pager 1 2ed 2 should be fill the medical examiner must be must be medical examiner must be medical examiner must be must be medical examiner must be made and many many many many many many many many	Augustu	MIDD	DIE	Welsh	l	15. MOTHER'S MAIL E 112	zabet				LAST	
RE, secure	160 WAS DECEASED EN			166. SOCIAL SECU	IRITY NO.	17 INFORMANT			RESS	Elkton	n.	Md.
Mon non	NO OR UNKNOWN	(IF YES, GIVE WA	AR OR DATES)	222-05-	9546	Mary Mn	n Ho	pkins 1		reswe.		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the dimension of the contribution of the contribution has been signed by the contribution of the burial-transit permit. Then please remonstration of the and Mental Hy.	Conditions, if a gave rise to couse (o), sunderlying compared to the course of the cou	immediate of the use lost.	DUE TO, OR (b) DUE TO, OR (c)	AST FAI	ENCE OF	NOT RELATED TO THE	HE TERMIN	AL DISE SE OR CO	PRODITION C		INDING USES OF	
OF VITA CLAN: T CLAN: T 3 physici ertificate ol-transi	OR CONTRIBUTION	CAUSE OF DEATH	21b. TIME OF HOUR A.A	A. MONTH DA	AY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF IN	JURY IN ITEM TO	B PART I OR PAR	RT 2)	
DIVISION DING PHYSI or offending After this ce se as the burn celth and Mee	21d INJURY OCC		21e PLACE C (AT HOME, 6300	OF INJURY SET PACTORY, OFFICE, F		211 LOCATION STREET	CAS	CITY OR	TOWN	COUNT	thr.	STATE STATE
ATTEN nospital ECTOR. ed for us on of He		eased alive on e) (did) (did not) vie	4 6	Commercial		d that in (my) (our) o	opinion dec	oth occurred on the	date and h		n the cou	
ITAL OR RAL DIRI detoche i detoche inter Dep	774 PHASICIANS	MSy	6hm	P		ATTENI PHYSIC		MEDICAL ST DIRECTOR PHYS	AFF SICIAN		21	1885
TO HOSPI etoned to TO FUNE should be with the S	ANE	MT 13	3.511	VGH,	mo	22. ADDRESS	PN	mp	219	121	R	
₽₹ ₽₹3 <u>₹</u> BP	230 BURIÁL, CREMATIC (SPECEBURIA)	ON, REMOVAL 2	36. DATE	Am .	athe	emetery or crema	1	23d. LOCATION CITY OF TOWN	NTC	COUNTY		STATE
DHMH - 16 50M 4/82	24 FUNERAL DIRECTO	zee/F	-une	2) ALADRES	ome,	P.A.	DECE	ECD. BY REGISTRA	AR 25H REO	ITANS, AG	Horni	e Con

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 008050 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 26. HOUR 1. DECEASED NAME (TYPE OR PRINT) Catherine December 28, 1985 Brutschy IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH 4. RACE 3. SEX DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED D DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewi GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 136. COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS R.D. #2 FREDEN NO K 15 MOTHER'S MAIDEN NAME IN FATHER'S NAME LINK MIDDLE LAST LAST **ADDRESS** 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) Landentery Ta APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a Cosor Discose 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO YES T NO F 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 1) ecembe 2819 85 , that (1) (we) lost 22a.1 certify that (1) (this hospital) attended the deceased from_ 12-10saw the deceased alive on 10-10-85 obave, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death accurred on the date and haur and fram the causes stated 22c. DATE SIGNED DEGREE 226. SIGNATURE ATTENDING MEDICAL 10m 83 PHYSICIAN ADIRECTOR PHYSICIAN should be de with the Stat IMPORTANT 22e ADDRESS NORTHERST 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b DATE 250. DATE REC'D BY LEGISTRAR 256. REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR wha Devidson Randor DHMH - 16 50M 4/82 NOR KICHST IMA (VRA 15, 4)



- STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

> COUNTRY Arkansas

None

14 FATHER'S NAME

Male

TO BIRTHPLACE (STATE OR FOREIGN

IR. CITY OR TOWN OF DEATH

PERRY POINT.

Unavailable

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CASEY

WIDOWED

5. DATE OF BIRTH MONTH

CERTIFICATE OF DEATH

DAY

17 INFORMANT

REG. NO 20. DATE OF DEATH MONTH 26. HOUR DECEMBER 6, 1985 5:00A 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS YEAR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [Perry Point 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Supervisor Construction 13e STREET ADDRESS / ZIP CODE 2416 "K" Street 13d. INSIDE CITY LIMITS? Street IS MOTHER'S MAIDEN NAME MIDDLE LAST Unavailable **ADDRESS**

LYES NO OR UNKNOWN yes |522-14-0062 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIAC ARREST

HE YES GIVE WAR OR DATEST

DSUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 131 CITY OR TOWN

EVERETT

MD

None

4 RACE

U.S.A.

DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate

DUE TO, OR AS A CONSEQUENCE OF

MIDDLE

IRVING

White

Th CITIZEN OF WHAT COUNTRY

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Washington DC

166 SOCIAL SECURITY NO.

VA MEDICAL CENTER

cause (a), stating the

underlying cause

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 216. TIME OF INJURY

210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

WHILE NOT WHILE

230 BURIAL CREMATION REMOVAL

21e PLACE OF INJURY

AT HOME, STREET FACTORY OFFICE, FARM ETC.)

211 LOCATION

CITY OR TOWN

, and that in (Ky) (aur) apinian death accurred on the date and have and from the causes stated

NOX

20a AUTOPSY?

Bessie L. Casey, Wife, 2416 K St., NW #301

COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

STATE

saw the deceased alive an DECEMBER 6

IFICATION

CERT

MEDICAL

22e ADDRESS

DEGREE

MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN 12-6-85

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

CHRISTOPHER BERCHELMANN, M.D.

VA MEDICAL CENTER, PERRY POINT, MD. 231 NAME OF CEMETERY OR CREMATORY

1985

19_81

ATTENDING

Silver Spring, Mont. Maryland

Burial Gate of Heaven 24 FUNERAL DIRECTOR

25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Solie Builton Pa

DHMH - 16 60M 7/B4 (VRA 15, 4)

DIVISION OF VITAL RECORDS,

DUVOL FUNERAL HOME, WASHINGTON, D.C.

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	Paris Paris			3.0	n le den
Cospension					
	ec. F - Mr 9Tq	37	1	(37- e	en en
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FO 21 2 Stanford Super Block Co.

364077

nector, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O	1 0 0 4
	REGISTRAR	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR Zb. HOUR
	1 DECEASED NAME FIRST	, L. C	ervenKA	12/18	1/85 /115 M
	Female	White	May 10 hay 1900	85 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
1	70. BIRTHPLACE (STATE OR FOREIGN FINITAL OR FOREIGN	U.S.A.	MARRIED NEVER MARRIED	1 Cecil	CO MD.
1	EIK to N	(IF NOT IN SUCH TACHTY GIVE STREET	ng home or other institution HOSSpital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Self-employed	
	136 C9	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE TO THE THE THE TENTON GIVE RESIDENCE BEFORE TO THE	East 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 8 Mauldin Ave	e. 21901
l	Arvi Leika	3. PPLE LAST	15. MOTHER'S MAIDEN N	Ida Euren	LAST
100	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (1F YES,	ARMED FORCES? 166. SOCIAL SECU GIVE WAR OR DATES) 216-22-		8 MWWYdin erin North East	t, Md. 21901
	PART I, DEATH WAS CAU	IATE CAUSE (0) Conge	stips Heart ence of Info	THE STATE OF THE S	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 12/8/85 12/8/85
	PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	obstructive	DEATH BUT NOT RELATED TO THE TER		FRACE. 16 65 WERE FINDINGS USED YING CAUSES OF DEATH?
-	OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MONTH D.	19 21f. LOCATION	JRRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2) COUNTY STATE
	220.1 certify that (1) (this has saw the deceased alive	spital) attended the deceased fram_an1919	DEGREE	9, ta	19
1	22d PHYSIGIAN'S NAME (148	in to Hung	ATTENDING PHYSICIAN The ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ATTENDING PHYSICIAN THE ADDRESS THE ADDRES		18 De 85
	23a BURIAL, CREMATION, REMOV	AL 23b. DATE 23/1	NAME OF CEMETERY OR CREMATOR ratin & Ferris	West Chester	Chester Pa.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR.

certificate hos be

18 shows

MPORTANT: If he

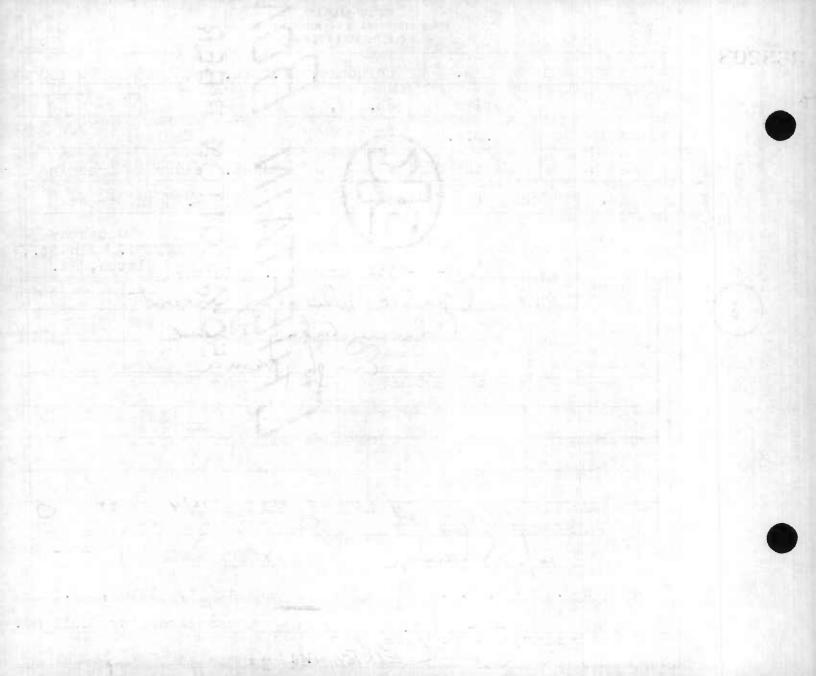
North East, Md.

West Chester Chester Pa. Cratin & Ferris

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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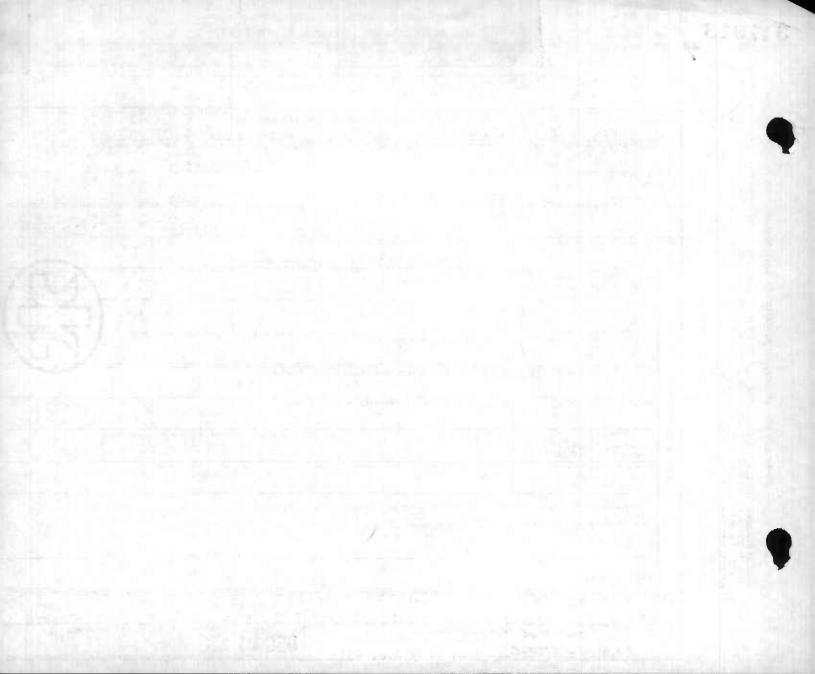
	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYL EALTH AND ICATE OF	MENTAL HYG	IENE &	S REG. N	3	4 0	3 3
3		CEASED NAME	FIRST		MIDDLE		ASI	C		F DEATH		DAY YEAR	26 HOUR
			Emil		В.			y, Sr.		18,			4:30 N
2/	3. SE)	Male		4 RACE Wh	ite	F. DATE O		1968	6. AGE (IN	YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	# UNDER 24 HRS
		AUStria	r foreign		WHAT COUNTE	2Y2 8	DIXNEVER	MARRIED	9 BALTIM	-	ECIL	OF DEATH	MC
1		Elkton		(IF TO IN ST	HOSPITAL, NUR	pital	OR OTHER INS	NOITUTITE		OCCUPATION NOST OF WELL	ion reworking lift der		of BUSINESS OR dging
	13e. S	TATE Md.	13b COUP	ecil	13c. CITY OR TO	Kton	YES XX	CITY LIMITS?		ADDRESS .	ZIP CODE Main	stre	et /
EXOVE OX		THER'S NAME FIRST Samue	1	MIDDLE	Chicos		Ev	's MAIDEN NAI FIRST Agenia	ME 	WIDDLE		Kulch	
e medicô		(AS DECEASED EVE ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	217-0		Doro	othy I	Chi		737	kton,	Md. Md.
njury, or other Irania late	NOI	Canditions, if an gave rise to in couse 101, statunderlying cau	nmediate ing the se last.	DUE TO, O	R AS A CONSECUTIVE TO	QUENCE OF	NOT RELATE	TO THE ERM	Em INAL DISEA	SE OR CON	DITION GIV	EN IN PART 1	ia
2	CERTIFICAT	190 DATE OF OPER			ITION FOR WHI	ICH OPERATIO			200 AUT	NATA	IN CERTIF	, WERE FINDI YING CAUSES S	INGS USED S OF DEATH? NO [
186	MEDICAL CE	210. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER NOTIFY ME	CAUSE OF DEA	HOUR A.	M. MONTH M.	DAY YEAR	200	NJURY OCCURI	RED (ENTERN	nature of Inju	RY IN ITEM 18 P	ART I OR PART 2)	
rkedor	MED	21d. INJURY OCCU		21e PLACE (AT HOME STI	REET, FACTORY OFFI	CE. FARM. ETC.)	211 LOCATI	I		CITY OR TO	IWN	COUNTY	STATE
RECTOR: After of for use os of the of Health o		saw the de abave, (I) w	used alive on	1-1	deceased from	85 , a	od that in (my	19 Our) opinian	death accurr	ed an the de	ate and haur	and from the	SIGNED
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IMPORTANT				Lanzi,			721				Elki	ton. M	ld.
_/	(URIAL CREMATION SPECIFY) Buria		12-2	1-85		EMETERY OR	Time		sapea	ke C		ecil Md
60M 7/B4 5, 4)	24 FL	NERAL DIRECTOR	200	Tune	ALADDRES	one,	Kton	MOLE O			25b. REGISTI	RAR'S SIGNAT	JURE



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34	7013		REGISTRAR		MED	ICAL EXAMIN	IER'S C	ERTIFICATE O	FDEATH	REG. NO.		Aures.
	4		EASED NAM	E FIRST		MIDDLE		LAST	20 DATE KNO	NON X MONTH	DAY YEAR	2h HOUR
	HAME	TYPE	OR PRINT)	Comi		200200	01	ton	DEATH MA	TED 12	2/ 3/1985	M
	A TEST	3. SEX		Carl 4. RACE	S. DATE OF BIRTH	Bruce 6. AGE (IN YE	ARS IF UN	ZTON DER I YR. IF UNDER 2		HINOM	DAY YEAR	9:32
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-	NASA ER///	FOR	REIGN COUNTRY)			AI COUNTRY?	* MARRI	ED NEVER MARRIE	D 🔁			
	AN STATE		Delawa		U.S.A.		WIDOW			County,		MD.
	NAR BE	10. CI	TY OR TOWN	OF DEATH		ITAL, NURSING HOMI	E, OR OTH	ER INSTITUTION	126. USUAL OCCUPATI FOR MOST OF WORKING		OR INDUSTRY	
	ACA HO	1	Elkto			spital of (County	Sanitation	n		
-	0 N O N J	USUA 13a. S1	LRESIDENCE	(IF IN N TO THE COUN		RESIDENCE BEFORE ADMISSI	ION)	13d. IHSIDE CITY LIMITS?	13e. STREET ADDRESS		000	Sec.
120	A SHOPE		elaware	1 - 1	Castle	Wilmingt	on	YES TO D	806 Spruc	e	777	77
0	= 500 A		THER'S NAME				-011	15. MOTHER'S MAIDE	NNAME			
	5-18990 7		FIRST		WIDDLE	tast 1.1		FIRST	01ivi		Clayto	22
ORE	30 × 40 =		Robert	D EVER IN U.S. AR	MED CODCESS	Powe11	Y NO	Mary 17. INFORMANT		DDRESS	Clayto	<u> </u>
MI	24088 D		ES, NO, OR UNKNO									
3	A STANCE		NO			222-42-713	33	Robert Po	well			
1	28×10	>		F DEATH (Enter on	ly one couse per line t						APPROXIMATE I	AND DEATH
Z	24 HO ITEM I ICONG PERMI GIENE,		019		TE CAUSE (o)		Multi	ple Injurie	es			
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5, 2	XECU JAL E BUR! AND		PART 2 OTHER C	ICHIEICANT CONDITIONS	CONTRIBITING TO DEATH B	HE HAT PELATED IN THE TER	MINAL BICEACI	OR CONDITION GIVEN IN PAR	T 1 (a)			
DIVISION OF VITAL RECORDS, 201	VULD BE EXECUTED "PENDING" IN PI EF MEDICAL EXA SED AS A BURIAL- F HEALTH AND ME AL, CREMATION, O	z	TAKE T OTHER)	ioniricanir conominons	CONTRIBOTINO TO GENTII D	OT HOT KEENTED TO THE TERM	MINAL VISCASI	OK COMPITTION OFFER IN FAK	11(0).			
ECC	ASEALT CRI	CERTIFICATION	IO- DATE OF	OPERATION	LIAN CONDIT	ION FOR WHICH OPE	PATION! \A	AS DEDECIDANED?			20. AUTOPSY?	
7	N FER F	2	170. DATE OF	OFERATION	INI. CONDI	ONTOR WHICH OF E	KAIIOIT W	ASTERIORMED:				
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N	5.500F% ~	MEDICAL	CONTRIBUTI	NG CAUSE OF	DEATH 8:408	12/3/ 198	5 it	was backi	ng up			
/IS	ERTIFIC ING TH ED TO 3 SHOU DEPART	8	21d. INJURY	OCCURRED	21e PLACE C	OF INJURY (AT HOME, DRY, FARM, ETC.)	21f. LO	CATION	CITY OR TOWN		COUNTY	STATE
ā	VRITING VRITING VRDED GE 3 SI GE 3 SI ZO1 PR	2	AT WORK	NOT WHILE		reet			Bywood Rd.		. Cecil C	_
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	MAZE SES					ribed obove, held on				, ond in my	opinion	
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	AN SHEET		ACTUAL		Th	/		TITLE (SPECIFY)		DAT	F 30/4/0	_
•	4 H 5 H 5 H -	1	SIGNATURE		XPI		M	.b. Assistan	L_MEDICAL EXAMINE	R SIGN	12/4/8	5
	NON A SERVICE OF THE PROPERTY		EXAMINER'S	NAME								
	PAGE TO FU BATTER		TYPE OR PR		ogry R. Ka	uffman, M.	D	ADDRESS111				
1000	PARTE A	23a.B	URIAL, CREMA	TION, REMOVAL	236 DATE	23t. NAME OF CE	METERY O	R CREMATORY	23d. LOCATION	co	DUNTY STA	ATE
7762	/BB		urial	- Z.E.	12_10.95	Gracela	wn Me	emorial Pk.	New Cast		Delawa	re
2584			UNERAL DIRE	CTOR Lua	rollicke	Marker .		25a. DATE R	EC'D. BY REGISTRAR	256 REGISTRAR'S		
	DHMH - 17 (VR A15 ME (5))	C	SE FU	West H	DMC AUDRESS	ELKton. P	70	DEC	11 1985	AND STORES		
	1-11	LL.	0 / 41	-01110		14/1/07/	P	The rest to the				

21711 01 1117111 1 11111

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R. A. Ferris Crematory

West Chester, Pa.

, - war wardson- handelle

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4) (SPECIFY)

24 FUNERAL DIRECT

Cremation

HICKS HOME for FUNERALS. ELKTON.

35-150

11, 11, 1985	E 11400		DIV-0	
			100	at a-
Ilou				
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to objects times 21616		pillyping	Jiseh	
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pigies, calling, carloville, m				20.

consider 12-12-34 . As vertically stone tone in 19380

194 - 195 for the later of the 1921 - 1 1921 - 1 1931

- STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT) 3. SEX

Male TO BIRTHPLACE (STATE OR FOREIGN COUNTRY Maryland

Perry Point

Maryland

FATHER'S NAME

130 STATE

FOR

CITY OR TOWN OF DEATH

Herbert

Conditions, if ony, which gave rise to immediate couse (a), stating the

underlying couse last.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Herbert

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) VA Medical Center 136 COUNTY

Perryville Cecil

Bacon

/7/42-12/18/45

USA

4. RACE

White

76 CITIZEN OF WHAT COUNTRY?

Daniels 166 SOCIAL SECURITY NO 216 14 3667

DUE TO, OR AS A CONSEQUENCE OF

F. Daniels, Sr.

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

Cardiopulmonary arrest

17 INFORMANT

YES XX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

17

MARRIED NEVER MARRIED

LAST

5. DATE OF BIRTH

MONTH

WIDOWED

06

15 MOTHER'S MAIDEN NAME

Beulah

13d INSIDE CITY LIMITS?

YEAR

DIVORCED |

20

ADDRESS Ronald A. Daniels, Box 35, Charlestown, MD 21914

200 AUTOPSY

214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

NOT

REG. NO

December 20, 1985

BALTIMORE CITY OR COUNTY OF DEATH

130. STREET ADDRESS / ZIP CODE Perryville, 21903

407 Concord Apts. Aiken Ave.

20 DATE OF DEATH

Cecil

6 AGE (IN YEARS LAST BIRTHDAY)

120 USUAL OCCUPATION

Truck Driver

TYPE OF WORK FOR MOST OF WORKING LIFE

MIDDLE

APPROXIMATE INTERVAL

DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

21f LOCATION

CITY OR TOWN

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

COUNTY

12-20-85

STATE

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES T

2b HOUR

12h, KIND OF BUSINESS OR

Devine

Imbley Trucking Co.

IF UNDER I YEAR

INDUSTRY

1:20A M

IF UNDER 24 HR

229 | certify that X (this haspital) attended the deceased from November 6 19 85 to December 20 19 85 DEGREE 22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT)

Burial

NOT WHILE

JEAN RAYMOND BASTIEN, M.D. 230. BURIAL, CREMATION, REMOVAL

12/23/85

VAMC, Perry Point, MD 231 NAME OF CEMETERY OR CREMATORY Principio Cemetery

Perryville

Cecil Maryland

21902

24 SUMERAL DIRECTOR DHMH - 16 60M 7/84

\$ E

PATTERSON FUNERAL HOME, Perryville, MD 21903 (VRA 15, 4)

256 REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS,

Ö

CERTIFICATION

MEDICAL

23.63.65

MD.

(VRA 15, 4)

ror

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Mr. Jalob C. Dickerson, Litton, Ed. 21921

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and the first of

Hilpin Mande Nome to: (ark. Citton, ed. 2192)

| 12-27-95 | Gilpin Manne

STATE OF MARYLAND 352054 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 28 DATE OF DEATH MONTH DAY YEAR 7b. HOUR (TYPE OR PRINT) HARLES 8 10 DATE OF BIRTH 3 SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR HOURS 1903 7a. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY CCOUNTAN RIVATEIND SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS CECI 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO IYES, NO OR UNKNOWN [(IF YES, GIVE WAR OR DATES) NO CAUSE OF DEATH (Enter only one couse per line fox (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 DIVISION OF VITAL RECORDS. 519 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NOZ YES [NO [ntol Hygi 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 F. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE STATE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from 12 -10 saw the deceased alive an. above, (1) (we) (did) (did not) view the body after death DIREC DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL uld be deta MO. PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LTYPE OR PRINT) 22e ADDRESS MPORT, 2 144 0 23a BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 73b DATE NAL OCATION (SPECIEY STATE EAST COVENTRY MENOITE POTTS TONN 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 (VR A 15 (4))

	1	FOR		DEI		OF MARYLAND EALTH AND MENTAL HY	GIENE 👸 🍃	3 4 5 1	3 9
345056	1 -	STATE REGISTRAR		01.		CATE OF DEATH	REG. NO.		
- 144000		CEASED NAME FIRST		MIDDLE	ī	AST	20 DATE OF DEATH MONTH		HOUR
ge 3	1116	ORPRINT) MAR	Y ALV	ERDA	FERGU	SON	DECEMBER	2, 1985	700 P
ge 4 may	3. SE	ÉMALE	4. RACE CAUC		JUNE	25°, 1895	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HO	INDER 24 HRS
eath. Po	7n. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COU	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY OR COU	NTY OF DEATH	MD.
s offer d		TY OR TOWN OF DEATH KTON	UNION	HOSPITAL, N	TITAL TOPES	CECIL CO.	SCHOOL MEACH	TER EDUCA	ATION
tilled in containing the containing		RYLAND 136 C	OR OTHER INSTITUTION	CECT		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP C	ODE ST. 219	913
ed within	I4 FA	THER'S NAME ROBE	RMDOLE	FER	GUSON	IS MOTHER'S MAIDEN N.	AMÉ	MYERTY	
medicol	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)		38-4288	17 INFORMANT LILLY FER	GUSON sister	same	
death circlinates at the circlinate of the circlinates of the circlina		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED Conditions, if any, which gave rise to immediate	IATE CAUSE (a)_	Corona	SEQUENCE OF	y disease wi failure	th congestive	APPROXIMATE BETWEEN ONSET 24 ho	
that the please ren please ren anal, crem		couse (0), stating the underlying cause last	(c)_		SEOUENCE OF				
e low requirents. nos been sign permit. Then ne prior to buys ony injury	CERTIFICATION		s probab	ole mes	enteric		MINAL DISEASE OR CONDITION th diarrhea and 200 AUTOPSY? YES NO A	blood loss FYES, WERE FINDINGS ERTIFYING CAUSES OF I	USED
SICIAN: The map physicio certificate luiol-transit central Hygie lem 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAM	DEATH HOUR A	OF INJURY A.M. MONTI P.M.	H DAY YEAR	21¢. HOW INJURY OCCUI	RRED (EMIER MATURE OF IMJURY IM ITEM	(18 PART OR PART 2)	
offer this of the bury and who and Mond Mond Mond Mond Mond Mond Mond Mo	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, O	OFFICE, FARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
spital or CTOR: At for use of Health		220.1 certify that (1) (thus he sow the deceased olive above, (1) (a chidid) (did				, 19 <u>70</u> d that in (my) (**** opinian	ta 2 Dec		(1) (wet last es stated
by the hor by the hor by the hor by the hor bill bill bill bill bill bill bill bil		Wallace Obe	enshain,	enchan 1.D.	in mp		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGN 4	Dec 8.
TO HOSPITAL retained by the TO FUNERAL should be detained to the State IMPORTANT: If		WALLACE	OBENSH	M NIA		CECIL_KENT		CES, CECI	LTON,
BP		BURIAL BURIAL	236 DATE 12-5	-85		ON ZION	23d LOCATION CITY OR TOWN CECILTON,	CECIL, MI	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		LLOWS F.H.	226 E.	MAIN	ST. CEC	CILTON MD	TUECD 9 R1985 AR 256 JE	ASI DELIBERTURA	indelle

003081 1- FOR STATE REGISTRAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO	1	REG. I	40
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		REGISTRAR				CERTI	TOTAL OF DEP		REG.	NO.			
		CEASED NAME	FIRST	N	ITODIE //		AST		20 DATE OF DEATH	MONTH /	DAY YEAR	26 HOU	R
252		F	1131	a he ti	1 K.		TOX			12/2	7/85	4-4	OM
	3 SEX		0	RACE		5. DATE O			6. AGE (IN YEARS LAST	BIRTHDAT	MONTHS DATS	IF UNDER 2	24 HRS
Ż	1	Female		White		DECE		YEAR ROR	86	YRS	MONTHS DATS	HOURS	M IIV.
	70 BIR	RIHPLACE (STATE OR	FOREIGN 7		WHAT COUNTRY	2 8			9 BALTIMORE CITY		OF DEATH		
1	М	arvland		USA		WIDOW		RCED .	Ccc	:11	Co		MD.
/	10 CI	TY OR TOWN OF DE	ATH /		OSPITAL, NURSI		OR OTHER INSTITU	NOIT	12a USUAL OCCUPA		12b. KIND O		
H	1	-1 A 10	N		n Hospit				Telephone		Terel		Co.
	USUA 130. S	L RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION		RE ADMISSION)	113d. INSIDE CITY	HALITS2 1	13e STREET ADDRES				
И		ryland	Ceci	1	Elkton			0		s Aver	0.0	221	
ij		THER'S NAME					15 MOTHER'S M	AIDEN NAM	\E	S AVE	mec.r.		
γ.	1	FIRST		NOOLE	LAST		FIRS		MIDDLE		LAS		
녉	TÃO VA	Charles VAS DECEASED EVER		M. AED FORCES?	King		17 INFORMANT	ına	ADD	RESS	Lew	S	
		ES. NO OR UNKNOWN)		WAR OR DATES)									
7	-	No			217-16-	1555	Mrs. Lo	ols K.	Young, No	orth Ea		219	
Н		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	y ane cause per	line for (a), (b), o	ind ici l	1		_ /		BETWEEN	MATE INTERVI	DEATH
	1	TAKT I. DEATT V		CAUSE 10)	ONOC	SILL	nemi	1	BILURE				
		DUE TO, OR AS A CONSEQUENCE OF											
	43.1	Conditions, if any, which ((b) AETERIOSULECUTIC CANDIO MCLANOSISCE											
	dri)	gave rise to immediate											
		couse (a), stating the underlying cause lost											
		DADI 2 OTHER SIG	NIE IC ANT C	(6)	NITRIPLITING TO	DEATH BUT	NOT BELATED TO	THE TERM	NAL DISEASE OR CO	NIDITION CB	(ENLINED ADT 1		
	Z	PART 2 OTHER SIG	VIFICAIVI C	ONDITIONS CC	NATE BOTTING TO	DEATH BUT	NOT KELATED TO) INE IEKMII	NAL DISEASE OR CC	INDITION GIV	EN IN PART TO	3.	
f	CERTIFICATION	19a DATE OF OPERA	TION	19h CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?	20h IF YES	S, WERE FINDIN	IGS LISED)
f.	FIC									IN CERTIF	YING CAUSES	OF DEAT	
4	RT	at technique		21b. TIME O	PININIBY		Tal. HOW BLUE	DV OCCUPPE	YES NO		5 🗌	NO [
£		210. ACCIDENT WAS UN		110110 4	M. MONTH [DAY YEAR	ZIC HOW INJUR	KT OCCURRE	ED (ENTER NATURE OF IN	DURY IN ITEM 18 P	PART TORPART 2]		
	V	(IF EITHER NOTIFY MEDI		P.A	Λ.	19							
	MEDICAL	21d. INJURY OCCUR		21e. PLACE C	OF INJURY	FARM FIC)	211 LOCATION		CITY OR	TOWN	COUNTY	ST	ATE
d	2	AT WORK NOT WE	RK	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	221,7 AC 1011, 071,CE								
ı		220.1 certify that (1)	(this hospite	al) attended the	deceased fron	2314	ee	19 F J	_, ta 272	ec	19 85	that (1) (no	last
		saw the deceas	ed alive and	16 DEC	10	0 %	nd that in (my) ian	a) opinian d	eath accurred an the	date and hav	r and fram the	causes sta	ted
8		22h SIGNAJURE	stat (dig not	view the bady	atter death.		DEGREE				22c DATE	SIGNED	—
		V. Va	12	2000	m	17	ATTE	ENDING .		AFF	100	20 0	
		22d PHYSICIAN'S N	AME TYPE OR	PRINT			22e. ADDRESS	SICIAN	DIRECTOR PHYS	ICIAN [12-	30-8	2
200		Kobe	Rt	1/	SERV	m	D 2	EIK	TON	mo	1 21	192	/
- 9	23a. B	URIAL, CREMATION,	REMOVAL	73b. DATE	230	NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION		COUNTY		ATE
	13	Burial		12-30-	-85	Elktor	Cemeter	17	Fikto	n Mass		1021	
1	24 FU	INERAL DIRECTOR	1 0	- 4/1	11			250. DATE	REC'D. BY REGISTRA	R ZSb. REGIST	RAR'S SIGNAT	URE	100
	н	ICK HOME	Le C	INPOATS	ELKTON	100	21921	DEC	34 1000	1.0 EX	1:15:30		1
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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O FUNERAL DIRECTOR

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MIGGLE LAST 2b. HOUR DECEMBER 7, 1985 ALBERT 10:45Pm FRENCH 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS HOURS YEAR 7-15-1907 Male White BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maine USA Cecil Co. DIVORCED T WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR VA MEDICAL CENTER PERRY POINT MD TYPE OF WORK FOR MOST OF WORKING LIFE)
Salesman O11 Perry Point GIVE RESIDENCE BEFORE ADMISSION SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION AACO. Arnold 479 Louise Lane 13d INSIDE CITY LIMITS? Md. NO V YES [MATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIGDLE LAST MIDDLE William, French Mary Olmstead ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YESTA OR UNKNOWN) (IF YES GIVE WAR OR DATES) Helen E. French Same as # 13 004 01 5108 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO PULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 210 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. MEDICA 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE DECEMBER 220.1 certify that (1) (this haspital) attended the deceased from AUGUST saw the deceased alive an DECEMBER 7 and that in (my) (aur) apinian death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death

DEGREE

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

ATTENDING

VA MEDICAL CENTER

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

CITY OF TOWN

DHMH - 16 60M 7/84 (VRA 15, 4)

226. SIGNATURE

JEAN

(SPECIFY)

230. BURIAL, CREMATION, REMOVAL

22d PHYSICIAN'S NAME (TYPE OR PRINT)

R.

Burial

24 FUNERAL DIRECTOR HARDESTY FUNERAL HOME ANNAPOLIS MD

236 DATE

BASTIEN

Baltimore Baltimore

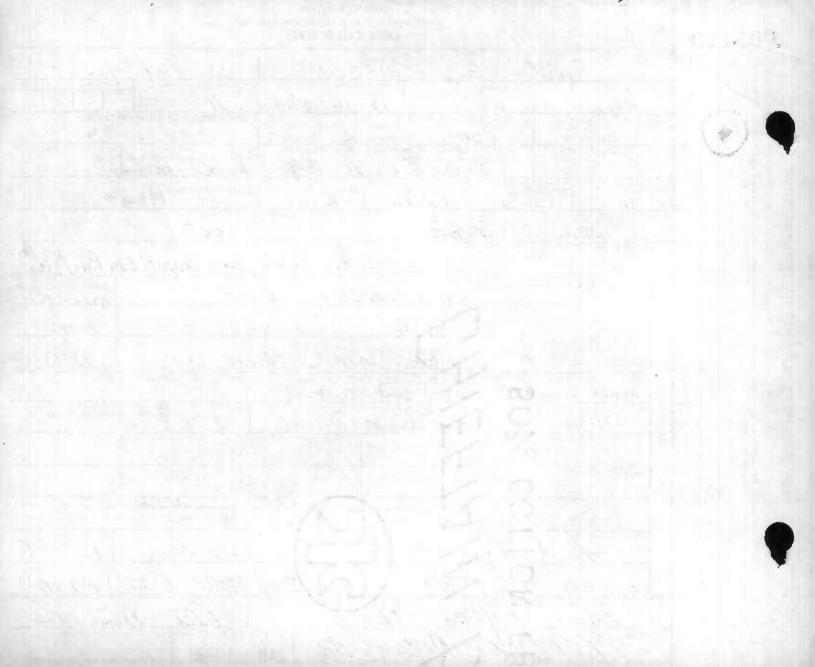
PERRY POINT, MD

22c DATE SIGNED

	1.	FOR STATE		DEPARTM	NENT OF HI	ALTH AND MENTAL HIT	GIENE O	U	4 0	a) 6m
50		REGISTRAR			CERTIFI	CATE OF DEATH	REG. N		t.	. 1
		ORPRINT) HEAR	U T	2	PAU	SR.	20. DATE OF DEATH	12/2	3/85	26 HOUR ~
/	3 SE		4 RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR		IF ONDER I YEAR	IF UNDER 24 HRS
1.		Male	Wni	te	Jan'.	21° 19°2°2	6:	yrs	MONTHS DAYS	HOURS MIN.
of one		RIHPLACE (STATE OR FOREIGN	U.S.A		MARRIED WIDOWEI	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY	OFDEATH	MD
0/	10 C	ELK TOK		PITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATION 121 IZE KIND OF BUSINESS (MASTER LIECTPICIAN			
must be	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF	VTY 13t	RESIDENCE BEFORE CITY OR TOWN	N 1	13d. INSIDE CITY LIMITS?	13+STREET ADDRESS Lewis Sr	ZIP CODE	Road 2	192-1
16	14 FA	THER'S NAME FIRST NO info.	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		LAST	
00		VAS DECEASED EVER IN U.S. AF		SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	SS		
De la la		YES, NO OR UNKNOWN) (IF YES, GI	W 2 2	22-03-	1825	Ronald E.	Gray P.O.	160	6 Elkto	on. Md
1		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line	for (0), (b), one	dien	2 1			BETWEEN ON	ATE INTERVAL SET AND DEATH
			TE CAUSE (o)	-BRCi	nome	a of Lur	19		mos	ntho
shows ony injury, or oth	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF DATE OF OPERATION	erlenot	FC CAI	र किल	0 -	MINAL DISEASE OR CON 200 AUTOPSY? YES NO MAN	20b. IF YES	, WERE FINDING YING CAUSES O	
6		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	ART 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF I	NJURY FACTORY, OFFICE FA	19 ARM, ETC 1	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
		220:1 certify that (1) (this hasp sow the deceased alive on above, (1) (we) (did) (did no	Decemb	sen 229 8	5 one	, 19 A	death occurred on the de			ot (II (we) lost
7	-11	226. SIGNATURE	7	(-	D	EGREE ATTENDING	MEDICAL STAI	E	22c. DATE SI	
		THE PHYSICIAN'S NAME (TYPE	us m. 1	Almy	h h	PHYSICIAN [DIRECTOR PHYSIC	IAN	230	cc 85-
		Charles	m. +	tense	en	m) 10.	orth E	Ast	MI	2
	23a. E	URIAL, CREMATION, REMOVAL SPECIFY) Burial	12-26-8			metery or crematory brook Cem.	23d LOCATION	New (Castle,	De"
7/B4	24 FI	INERAL DIRECTOR See	Fune	RA ADDRESS	to m	n md DEC	3010 4		RAR'S SIGNATUI	

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.008119	1 -	Film GG12 item 13e 2/26/86 rga STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	4040
poge 3 redeath		CEASED NAME FRIST MIDDLE LAST 20. DATE OF DEATH MONTH OF MINTH 12/3	BO/85 26. HOUR A
Page 4 mo	3. SE)		FONDER 1 YEAR IF UNDER 24 HRS
death.	5	TY OR TOWN OF DEATH 111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION	MD. 126. KIND OF BUSINESS OR
21201 hours ofte be filed	050	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 136. COUNTY 136. CITY OR TOWN 136 INSIDE CITY LIMITS? 136. STREET ADDRESS Langens	berg, Bolling
within 24 h		ATHER'S NAME FIRST MIDDLE ATHER'S MAIDEN NAME FIRST MIDDLE M	:3 99999 LAST
BALTIMORE, MA one be executed a ppers. Pages 1 and vol. 1, the fredicative		VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VES. NO OB UNKNOWN) (IF YES, GIVE WAR OR DATES) 230-03-4666 REN Roberts 4000 Men in t-6	me like 14508
ST., ertific g ph oon pr remo		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CHOOPUMOD MY MEST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON he death co me ottendin mation, ar r troumatic		Canditians, if any, which gave rise to immediate cause (a), stating the	DAYS
ires that the pane by the property or other		cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF NEURIL CALARY USG	DAYS EN IN PART I (a
TAL RECORDS, The low requir icion. The hos been significan. Sit permit. Then giene prior to b	CERTIFICATION	12/12/60 12 at 1/2 2 2 INCERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
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OR ATTEND OR ATTEND or hospital o DIRECTOR: A oched for use Dept. of Hea		saw the deceased alive an 17 70 19 51, and that in my aur) apinian death accurred an the date and haur above, (1) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF	and fram the causes stated 22c. DATE SIGNED
HOSPITAL borned by th D FUNERA: build be dec		PHYSICIAN DIRECTOR PHYSICIAN DIR	12/10/88 5) MD 2/12/
449899	23o. E	BURIAL CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN	COUNTY STATE
DHMH 16-50W 4/82 (VRA 15, 4)	14. FI	Deposition 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	



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FOR STATE

STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	

и.							NEO. ITC			
Ī	DECEASED NAME FIRST	MID	DLE	Į	AST		20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
ľ	Fred	L		Harbi	n		Dec	14	1985	10:50A
3	SEX	4. RACE	a	5. DATE C			6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS
1	Male	Mixe		Ap		1905	80 y o	YRS	HAS DAYS	HOURS MIN.
1	o. BIRTHPLACE (STATE OR FOREIGN COUNT Florida	USA	HAT COUNTRY?	MARRIE WIDOWE	NEVER M	ARRIED G	P BALTIMORE CITY OF Cecil	COUNTYO	DEATH	MD.
T	O CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN		R OTHER INSTI	TUTION	120 USUAL OCCUPATION		126. KIND O	OF BUSINESS OR
L	Elkton		Hospit		Cecil	County	Retired		Tra	ensit
	JSUAL RESIDENCE (IF NURSING HOME OF 38 STATE 136 COUR Md Cec	NTY I3	VE RESIDENCE BEFORE Bt. CITY OR TOW Cecilt	N	13d INSIDE CIT	TY LIMITS?	13e.STREET ADDRESS / 152 S Bol		ve.	910
T	FATHER'S NAME		1.67		15 MOTHER'S					
V	William A.	llen	Harbin	1	Jú	llia	Phyll	is	TÎ	iplin
T	60 WAS DECEASED EVER IN U.S. AR		SOCIAL SECU	IRITY NO.	17 INFORMAN	VT.	ADDRE	SS		
ı	YES NOORUNKNOWN) (IF YES, GI	TAR ORDATES)	125-01-	1,290	self	Isab	ell Harbi	n Tar	npa F	Plorida
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	as a conseque and hepa	atic :	metasta	ses				
l	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 10	a
	<u> </u>									
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [G CAUSES	
	00.000.000.000.000	NAME OF TAXABLE PARTY.	MONTH DA	AY YEAR	21t HOW INJ	URY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE-	21e PLACE OF	INJURY I. FACTORY, OFFICE F	ARM ETC)	211 LOCATIO	N	CITY OR TOW	/N	COUNTY	STATE
	saw the deceased alive an above, (1) (me) (did) (did)			or	nd that in (my) i	, 19 <u>85</u> apinian c	death accurred an the da	te and have ar		that (1) (we) last causes stated
	226. SIGNATURE	stende		h. O		TENDING HYSICIAN	MEDICAL STAF		22¢ DATE	2.14.85

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nould be detach ORTANT

DHMH - 16 60M 7/B4 (VRA 15, 4)

23b. DATE Dec. 18,85 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Wallace Obenshain, M.D.

22d PHYSICIAN'S NAME (TYPE OR PRINT)

23c NAME OF CEMETERY OR CREMATORY
Memorial Park

Támpa Hillsborough FTa.

250 DATE REC'D. BY REGISTRAP 25), REGISTRAP'S SIGNATURE DE CONTROL FUNERAL HOME 259 E. MAIN ELKTENTO

Cecil-Kent Health Services Cecilton, Md.

manufaction officer has

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BEE FRANKING HULLE SEEL BURNELLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN W MONTH (TYPE OR PRINT) ESTI-DEATH MATED AGE (IN YEARS IF UNDER IF UNDER 24 HRS 7d HOUR DATE PRONOUNCED 6/16/29 DEAD 6 YRS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X U.S.A. Lancaster, PA 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFET None 130 STATE 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Lancaster Lancaster 136 E. Liberty Street YES X NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Forrest Preston Harper Susan Hershey Peifer 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Susan H. Harper 8/10/47-7/14/52 197-20-2473A Yes 136 E. Liberty St., Lancaster, PA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES 710 EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY Inspection X 220 I certify that I took charge of the remains described above, held an and in my apinian FUNERAL DIRECTO Natural causes Accident Homicide Undetermined manner ACTUAL DATE SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) JV21 PAG 10 730 BURIAL, CREMATION, REMOVAL 236. DATE Burial 12/14/85 Mellinger's Mennonite Lancaster, Lancaster Co., PA 24 FUNERAL DIRECTOR red F. Groff, Inc., 234 W. Orange St., Lanc., (VR A15 ME (5)) 20M 4/82

11.8 12 de 25.55 - HOLD MINE THE RED HOLD PROPERTY OF STREET Administration advisor of the Charles and a comment of the THE STATE OF THE PARTY OF THE STATE OF White the month beligned with the beautiful I make the Control of the Co

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STATE OF MARYLAND

1	- STATE REGISTRAR			DEFARIN		ICATE OF DEATH	REG. N	0.		
	DECEASED NAME YPE OR PRINT)	John		clifford	Hino	asi Iman	20 DATE OF DEATH	MONTH	5 85	26. HOUR 0915 N
	Male		White		5 DATE O		6. AGE (IN YEARS LAST BIR	YRS	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	BIRTHPLACE (51 COUNTRY) Maryland		U.S		WIDOWE		9 BALTIMORE CITY O	(6	MD
10	E/K	18N/	(IF NOT IN SUC	n Hospita	address)	DR OTHER INSTITUTION	12d USUAL OCCUPATION OF MOST OF Salesman	F WORKING	LIFE) INDUSTRY	F BUSINESS OR
13	Maryland	IF NURS OF OUR		13c. CITY OR TOW Baltimos	N	13d. INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS 5633 Antl			206
1	Willian		WIDDLE	Hindman		15 MOTHER'S MAIDEN NA FIRST Minnie	MIDDLE		Eise	
60	WAS DECEASED (YES, NO OR UNKNO)		RMED FORCES? VE WAR OR DATES)	213₩03-8		Mrs. Marga	ADDRE			
	Canditions, is	ATH WAS CAUSE IMMEDIA	DUE TO, OI	Cardio, RASA CONSEQUE RASA CONSEQUE	NEMOLE OF	istory arrest	teán		301	days,
7	underlying PART 2 OTHE	R SIGNIFICANT	CONDITIONS CO	Arterio	SCREATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION G	IVEN IN PART 110	a
CERTIFICATION	19a DATE OF C	PERATION A				N WAS PERFORMED	ZO AUTOPSY? YES NO X	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES []	
FDICAL CE	OR CONTRACTOR	G CAUSE OF DE	R) P.	M. MONTH DA M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)	
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	saw the d above, (1)	leceased alive ar	12/6	e deceased from 19 4 after death.		nd that in (my) (aur) apinian	death accurred on the do	ate and ha	out and from the	
	Ecoley	ar E	Joek in	,	m	- (FHISICIAN V	MEDICAL STAI	FF CIAN []	12/.	SIGNED 5/85
		F. F.	OLK 315	4		Union Hospi	the, Elktm	, Mo	1. 21	921

23c NAME OF CEMETERY OR CREMATORY

Parkwood

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If he

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc.

23a BURIAL, CREMATION, REMOVAL

Burial

Baltimore, Md.

236 DATE

12-9-85

23d LOCATION
CITYORTOWN
Baltimore, Maryland

STATE

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conard . Auct, Inc. Daltione, M.

FOR - STATE REGISTRAR

DEP

STATE OF MAKILAND	11
ARTMENT OF HEALTH AND MENTAL HYGIENI	1
CERTIFICATE OF DEATH	

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REG. NO

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SPIAL OR ATTENDING PHYSICIAN. The fow requires that the death certificant be enclosed within 24 hours offer denth. Page 4 mo	a signer expense or entrement provides. The ALL DIRECTOR After this certificate has been signed by the ottending an exchanging and ampletely filled in by the funeral director, possible detailed from the places remove contains and a should be filled within 72 hours often a Sole Dept of Health and Mentol Highers prior to burol, cremation, or emission.
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22a.1 certify that (1) (this haspital) attended the deceased from.

abave, (1) (we) (did) (did nat) view the bady after death

23a BURIAL, CREMATION, REMOVAL 23d LOCATION COUNTY Burial olpin Manor Mem.

2g DATE OF DEATH I. DECEASED NAME MONIH 26 HOUR TYPE OR PRINTS DEORGE 4. RACE IN UNDER LYEAR IF UNDER 24 HRS 3. SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Male White MONTH a.v TO BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? MARRIED XNEVER MARRIED COUNTRY Phila. Pa. DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Paper Ret Manager Union Hospita USUAL RESIDENCE THE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE HI36 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Md. Ceci Elkton NO XX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE George Holstein Henrietta Trites ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Elkton. Md. LIF YES, GIVE WAR OR DATEST 164-05-7960 no Sally Holstein Park Lane 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY ASMIRATION IMMEDIATE CAUSE (0) zeheimens Disensa Conditions, if any, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 covering

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19

21e. PLACE OF INJURY

19 85

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

MEDICAL

20a AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOTO

STAFF

CITY OR TOWN COUNTY

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22c DATE SIGNED

ATTENDING

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

underlying couse last.

21d INJURY OCCURRED

22b. SIGNATURE

NOT WHILE

saw the deceased alive on_

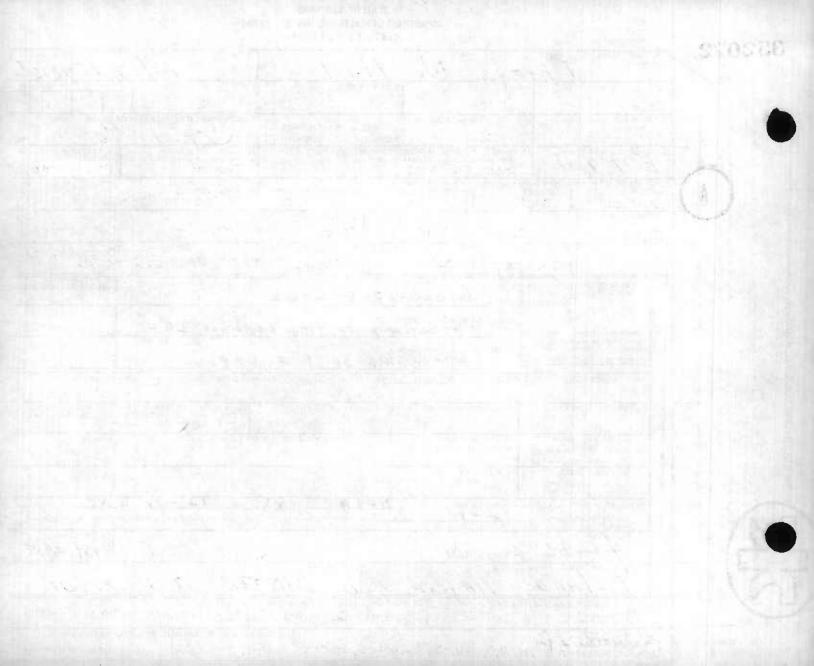
DEGREE

STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 353037 REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Glenn Hunter U. 85 12 1905 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS White MONTH YEAR HOURS Male To. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED RutTand, Vt. WIDOWED DIVORCED Cecil D. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY et. Builder Construction FILTON Hospita DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 filled in ould be f USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BÉFORE ADMISSION) 13h COUNTY 13. STREET ADDRESS 403 E. Pulaski 136. CITY OR TOWN Elkton 13d. INSIDE CITY LIMITS? Md. Cecil Highway YES KIX NO [4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Capoline Bailev Hunter 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** Elkton, Md. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR, OR DATES) 145-10-7614 Rose Marie Berge 403 E Pulaski Hwv. ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) URE MA DUE TO, OR AS A CONSEQUENCE OF BRONCHO PNEUMONA Conditions, if any, which gave rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost METERNO SCIEROTIC CHESTOURSCULTER SISTERS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ò (IF EITHER, NOTIFY MEDICAL EXAMINER) 2 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from, 19_____, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the body after death l be detached ne State Dept 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be Rolando A. Najera, M.D. 105 E. Main St., Elkton, Md. 230 BURIAL CREMATION, REMOVAL 23¢. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Monmouth 12-16-85St. Joseph Burial Keyport 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VRA 15(4)) Home 259 E. MAIN ELKHONM

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MPORTANT:

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

DEPARTM	TATE OF MARTLAND STATE OF MARTLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG.	NO.	4	O	3	J
NODLE N7.	JoiNER	20 DATE OF DEATH	12/c	22/E	YEAR PJ	26. HOL	JR N
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST I	BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
е	Bec. 26,1916	6	8 YRS.	MONTHS	DAYS	HOURS	MIN
WHAT COUNTRY?	8 MY	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		

(TYPE OR PRINT) sther 3 SEX Female Whit 7a BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF Milford. De. USA WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Boug Wner The few our tournds to few out of the U"HOLIOGHEATI'O SVESTELLADIESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1136 COUNTY 1136, CITY OR TOWN 130. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS White Md. Ceci Earlevill YE STE Hosre Drive 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLI MIDDLE Elwood Armstrong Hattie Dolan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESarleville, Md. 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) John R. Joiner 11 White Horse Dr. 186-14-7 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY esoica Tecy IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF abstructive Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a IFICATION 9n. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX YES [NO F 210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 MEDIC 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) this haspital) attended the deceased fram. saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

24. FUNERAL DIRE

FOR - STATE

REGISTRAR DECEASED NAME

230 BURIAL CREMATION, REMOVAL 23b. DATE Burial 2-26-85 230 NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Kenneth

COUNTY

DHMH - 16 50M 7/77 (VR A 15 (4))

ATTENDING

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FOR 1 - STATE REGISTRAR

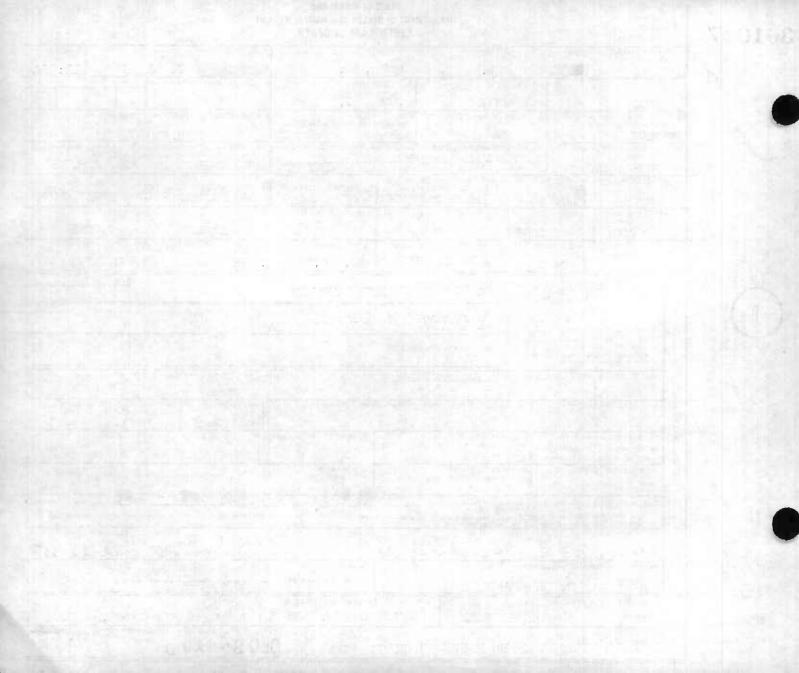
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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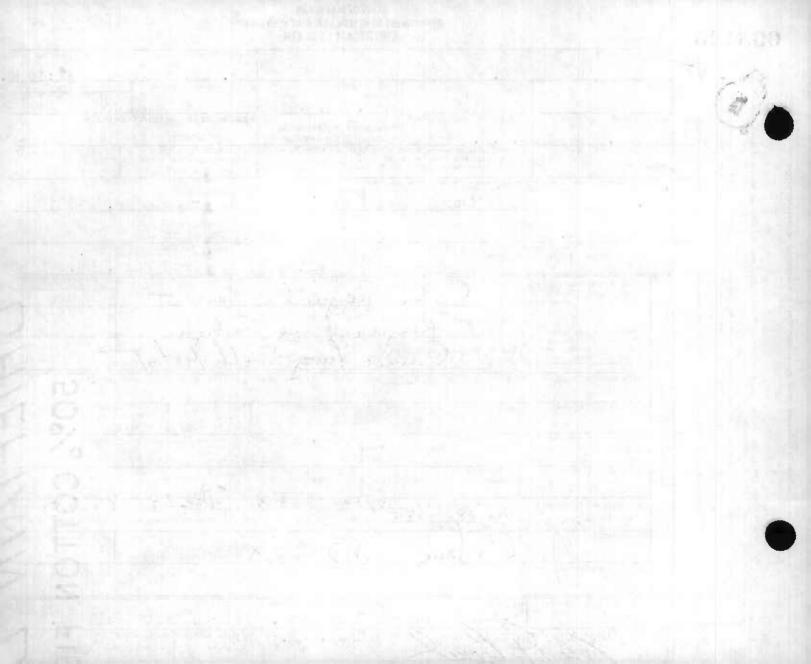
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4	MITCHELL	FUNERAL	HOME	HAVRE DI	E GRAC	E MD	Ut	16 24 190	50 0			

DHMH - 16 60M 7/B (VRA 15, 4)



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PHY endir this e bu d M		MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	21f. LOCATIO	N	CITY OR TOWN	COUNTY	STATE
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OR AT the hosp DIRECT Sched f Dept. of them 2			22b. SIGNATURE	101	DEGREE			22c. DATE S	IGNED
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FUNERAL DIRECT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME (TYPE OR PRINT) Sam Leonardi December 8. 10:35AM 4 RACE AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH MONTH YEAR Male White 12 24 16 70 BIRTHPLACE ASTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S. New Jersey DIVORCED WIDOWED Cecil County 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Veterans Admin. Hosp. Self-employed Perry Point Painter USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Md. Cecil Perryville YES [] NO [345 Broad St. 21903 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Bernadine James Leonardi Levi 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO YES NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 217 07 7456 VAMC, Perry Point, Maryland Yes WWII APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: Cardiopulomonary arrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which CERTIFICATION

gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF				
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210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PA	RT 2)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)	216 LOCATION STREET	CITY OR T	OWN COUN	TY STATE
220.1 certify thotal (this hospital) sow the deceased alive on above XIX we) (did) (dix XXX vi	ottended the deceosed from 12-8 19-85 or ew the body after death.	19.85 d that in 17.85 (our) apinio	to 12	=8=, 1985 date and hour and from	, thorsely (we) lost n the couses stated
226 SIGNATURE		DEGREE	MEDICAL STA	226 1	DATE SIGNED

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MAPORTANT

should be

MEDICAL

Anatomy Board

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Removal

JEAN RAYMOND BASTIEN, M.D.

12--8-85

Balto., Md.

VAMC, Perry Point, Maryland

23d LOCATION CITY OR TOWN

PHYSICIAN

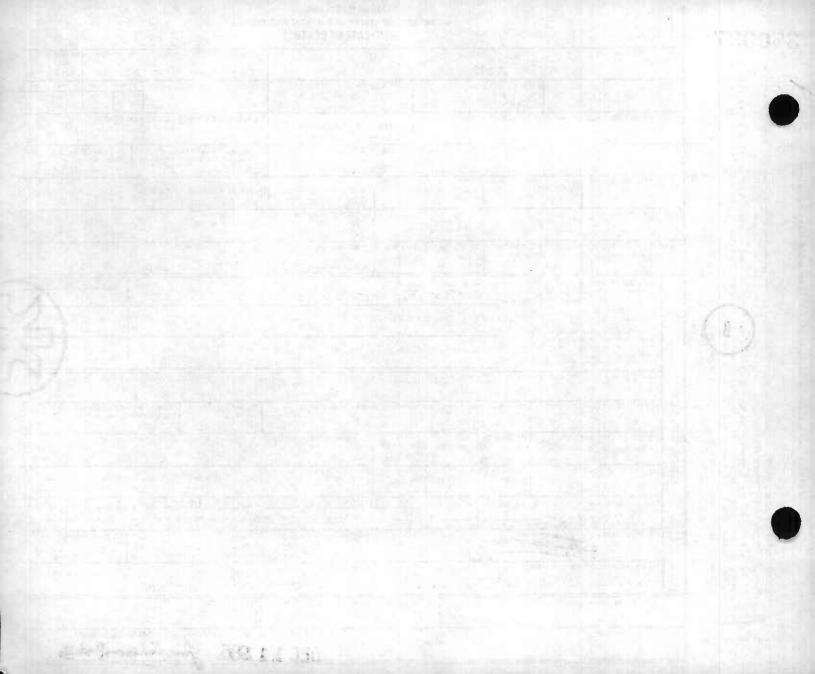
DIRECTOR PHYSICIAN

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

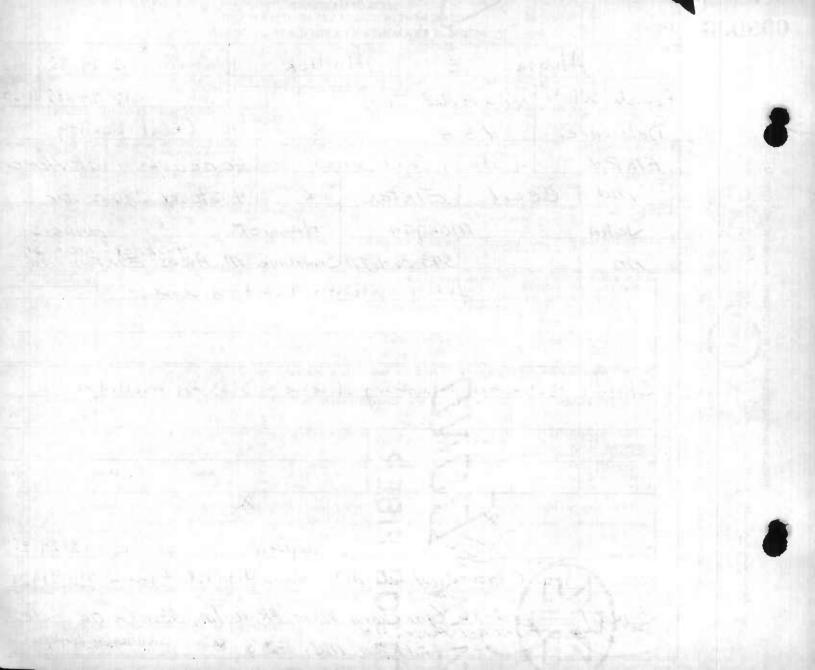
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12-8-85

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MD. MD.	14. FA	THER'S NAME	MIODLE	LAST	1	5. MOTHER'S MAIDE	NAME	DIE	LAST	
SEAT AND		John		Morgan		HARRI	et		HARRI	15
SEALTIMORE, MD. 21201 RS AFTER DEATH, IF ANY DELA B, GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN P, T, PAGES 1 AND 2 SHOULD BE. DIVISION OF WITA RECORDS.	16a. V	AS DECEASED EVER IN U.S. S, NO, OR UNKNOWN) (IF YES, (ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY	NO. 1	7. INFORMANT	4	ADDRESS STONE Y	Chase	Dr.
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TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOUD BE F A TO FUNERAL DIRECTO A TO FUNERAL DIRECTO BALTIMORE, MARYLAN		EXAMINER'S NAME	m (Gou	72/12/1/1/26	mo	Vinion .	Hespital	Flutor	mp 91	1991
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2 1 1 AVII	14 F/	ATHER'S NAME		Mc	Clougha	n	15. MOTHER'S			***		
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OK ATTEN OK ATTEN DIRECTOR Sched for W Dept. of He		saw the decease above, (1) (we) (ed alive an_	1.	2/1 19	85 , or	d that in (my) ((aur) opinion	death occurred	on the date an	d haur and from th	he causes stated
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HOME for FUNERALS, ELKTON, MD. 21921

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

(VRA 15 (4))

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h. Page al direc		IRTHPLACE (STATE OR FO	DREIGN 76 C	CITIZEN OF W	VHAT COUNTRY?	8 MARRIE	19 /	RAITIMORE CITY OR COUNTY OF DEATH					
deat funer thun 7		ennsylvani		USA NAME OF H	OSPITAL NILIPSIN	WIDOWE	7.7	C	Cecil MD				
offer after				(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF W	ORK FOR MOST OF V	VORKING LIFE) IND	KIND OF BUSINESS OR USTRY		
or file	USU	Ikton AL RESIDENCE (IF NURS	ING HOME OR OTHE	ER INSTITUTION, C	ON HOSP	E ADMISSION]		77.2		op. Gen.	Motors		
NO 4 4 4 4	I	ryland	Cecil		13c. CITY OR TOW Elkton	'N	136. INSIDE CITY LIMITS?		A no let	on Road	21921		
WILE THE PROPERTY OF THE PROPE		ATHER'S NAME	MIDDI		LAST		15 MOTHER'S MAIDEN	NAME	- I I ROLL IN THE	On Road			
WAM WE WANTED	1	Ralph	MIDDI	it.	Newton	n	FIRST Eliza	beth	MIDDLE		McCann		
ORE,		WAS DECEASED EVER	IN U.S. ARMED		166 SOCIAL SECU		17 INFORMANT		ADDRES:	S	7,000		
TIMO		es	WW 2		221-07-1	1892	Mrs. Beatr	ice C.	Newton	Elkton	Md. 21921		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours that this certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been standard than the normal transition of the filth of Mental Hygiene prior to burnol. Cremation, or removal.		PART I. DEATH W	AS CAUSED BY	í: S	AS A GONSEQUE		on small	intest	tine	. 81	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH		
ires that the cape and please that the cape and please remain please remainly, an other tro		gave rise to immorause (a), stating underlying cause	nediate g the lost.	(c) <u>C</u>	AS A CONSEQUE	e-705	4 47 501 4	y blod		LINIMU)	ART 1(p)		
ORDS required to The arr to I	NO.	Pulmman)										
At RECC At Reco	CERTIFICATION	19a DATE OF OPERA	ION	191 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	YES X	NO [20b. IF YES, WERE IN CERTIFYING C YES	AUSES OF DEATH?		
OF VITA ICIAN: TI g physical errificate ital-transit intol Hygi		21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC.	AUSE OF DEATH	21b. TIME OF HOUR A.M P.M	MONTH DA	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY	IN ITEM 18, PART I OR	PART 2]		
IVISION IG PHYS orthoring ter this of sithe burn ond Merked or the	MEDICAL	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	HILE 🗀	21e. PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, F	ARM, ETC.]	211 LOCATION STREET		CITY OR TOWN	COU	NTY STATE		
TTENDIN TOR: Af far use o of Health		22a.1 certify that (1) sow the decease	-	12/	19	85 , or	nd that in (my (au)) apine	n death accu	rred on the date	nd hour and fr	, that (100) last		
by the has by the has ERAL DIREC e defached State Dept		276. SIGNATURE	en m	1.8	Warman		ATTENDING PHYSICIAN		AL STAFF DR PHYSICIA	V	DATE SIGNED AS		
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT.		Sheldin	ME TYPE OR PRIN	Jasm		0	1412 Malu	rern Ar	e Bali	F.MD	21201		
F 2		BURIAL, CREMATION,	REMOVAL 23	3b. DATE	23c N	NAME OF C	EMETERY OR CREMATOR	Y 23d LO	CATION Y OR TOWN	COUNTY	STATE		
BP	24 50	Burial		12-28-	-85 G11	lpin N	lanor Memori	al Parl	Elkto	n Md	21921		
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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CENTII	ICATE OF DEATH	REG. NO	0.	
1. DECEASED NAME FIRST (TYPE OR PRINT) Free	eman Pauley		AST	December 2		26. HOUR 3:10A
Male	4.RACE White	5. DATE C		6. AGE (IN YEARS LAST BIR	YRS.	LYS HOURS MIN.
virginia	76. CITIZEN OF WHAT COUN ISA	MARRIE	D DIVORCED	Cecil		MD.
Perry Point	11. NAME OF HOSPITAL, NI (IF NOT INSUEN FACILITY GIVE Perry Poi	int V. A		OSUAL OCCUPATION OF WORK FOR MOSTO DISABLED	F WORKING LIFE) INDUST	D OF BUSINESS OR RY ARMY
130. STATE Md. A. A.	13c. CITY OR	BEFORE ADMISSION) TOWN ISVILLE		13. STREET ADDRESS /	Herald Ha	arbor Rd
Samuel	MODIE Paule	ЭУ	Lula	MIDDLE	Ower	LAST D.S.
160 WAS DECEASED EVER IN U.S. AR 1385 NO OR UNKNOWN) (IF YES, GN Y C S		SECURITY NO.	Virgil P	auley #	13e	
Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT (O) 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196. CONDITION FOR W	G TO DEATH BUT		IN AL DISEASE OR CON	20b. IF YES, WERE FIN	ND INGS USED
7)a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	BS DE	21c. HOW INJURY OCCURR	YES NO	IN CERTIFYING CAU	NO 🗌
OR CONTRIBUTING CAUSE OF DEA OR CONTRIBUTING CAUSE OF DEA OR CONTRIBUTING NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH	H DAY YEAR 19	211 LOCATION STREET	CITY OR TO		
22a. I certify that XX his haspi sow the deceased alive on above, (I) (we) and not be	10 00	19 <u>85</u> , or	4-13-, 19-74 nd that in (Our) opinion of DEGREE	_, 10		the couses stated
22d. PHYSICIAN'S NAME (TYPE O	-MD	1. 1. 1	ATTENDING PHYSICIAN 228 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC		2-28-85
JEAN RAYMO	ND BASTIEN, M		VAMC, Perry		land	
230. BURIAL, CREMATION, REMOVAL Burial	23b. DATE 12-31-85		emetery or crematory any Cemetery	23d LOCATION CITY OR TOWN Odentor	n A.A.	Md.
24 FUNERAL DIRECTOR Hardesty Funeral	Home, Annapol	īš, Mary		EREC D. BY REGISTRAR	25b. REGISTRAR'S SIGN	Son-Mandake.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove carlowith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or mWPORIANT: If them 21 is marked or hem 18 shows any injury, or other traumatic

ottending physicion.





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11-	FOR				DEPART	MENT OF	HEALTH	ANDM	ENTALH	TYGIEN	E	0 4	0 0	1
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		E FIRST			WIDDLE			LAST					H DAY YEAR	Zb. HOUR
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3. SE	X	4. RACE	5. DA	ATE OF BIRTH		6. AGE INY	ARS IF U		IF UNDER	24 HRS.		MONTH		2d HOUR
							MON	HS DAYS	HOURS	MIN	PRONOUNCED	12	30-85	11:5
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	DREIGH COUNTRY)		/		HAT COUN	VIKTE	. MARR	ED NE	VER MARR	IED X				
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Au C	ITY OR TOWN	OF DEATH					E, OR OTH	IER INSTITU	TION				K 12b. KIND OF E	
Pe	rry Po	int	Y	.A. MEI	DICAL	CENTE	R							
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7	ES, NO, OR UNKN	OWN) (IF YES, C	IVE WAR OR	DATES)	100.300	CIAL SECORI	1110.	17. 11 41 010	MOIN		ADI	Direcoo	2083	4
	YES							FRANC	IS S.	PIERCE	, 5201 CH	ANDLER S	T. BETHES	DA, MD
	18 CAUSE												BETWEEN ON	TE INTERVAL SET AND DEATH
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1 3	CONTRIBUT	ING CAUSE (F DEATH						1041	10 011	51101 0			
₽								TREET			CITY OR TOWN		CHINTY A.	T STATE!
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23e.B	SPECIFY)	TION, REMOVA							ORY					STATE
	BURIAL	27.0.0	6JAN	NUARY86	ANO	GEL HILL	. CEME							ARYLAND
74. F	NAME	CTOR		ADDRESS					ZSG. DATE	REC'D. BY	REGISTRAR 256	89 a n. m.		9.00
M	ITCHELL	FUNERAL H	DME PA	A, HAVRE	de GR	ACE, MD.	2107	3	T	IM	6 1985	run and war	riggon-blank	ARITICA .
	3. SE M M 76 B R R R R R R R R R R R R R R R R R R	1 - STATE REGISTRAR 1 - DECEASED NAW (TYPE OR PRINT) 3. SEX M A L E 16 BIRTHPLACE (16 FOREIGN COUNTRY) MASS 11 CITY OR TOWN PART 2 OTHER S 18 CAUSE (17 FOREIGN COUNTRY) CHARLES 18 WAS DECEASE (YES, NO, OR UNKN YES 18 CAUSE (18 PART 1 D Canditic gave r cause (0 lying ca PART 2 OTHER S 19 DATE O PART 2 OTHER S 10 EXTERN UNDERLYIN CONTRIBUT 21 INJURY WHILE AT WORK 220. I cert death resul ACTUAL SIGNATURE EXAMINER'S 130. BURIAL 24 FUNERAL DIRECT NAME 25 BURIAL 24 FUNERAL DIRECT NAME	THE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) PH 3. SEX 4. RACE MALE WHITE 6 BIRTHPLACE (STATE OR FOREIGN COUNTRY) MASS 1. CITY OR TOWN OF DEATH PARTY POINT CUAL RESIDENCE (IF IN NURSING HOW) 130. STATE MD MD MSS 1. CHARLES 1. CHARL	THE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE MALE WHITE FOREIGN COUNTRY) MASS 1. CITY OR TOWN OF DEATH 1. DUAL RESIDENCE (IF IN NURSING HOME OR OTHE 130. STATE WHO HARFORD 1. 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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 346032 MIDDLE 20. DATE KNOWN 1. DECEASED NAME FIRST 26. HOUR (TYPE OR PRINT) ESTI-22/5 JAMES E. RAYNE DEATH MATED SEX 4. RACE 5 DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE 2d HOUR LAST BIRTHDAY) DAY YEAR PRONOUNCED 2115M WHITE 29 13 MALE 10 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.SA. MD WIDOWED [DIVORCED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ELKTON UNION HOSPITAL OF CECIL CO. ELMAKE MAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 134 STREET ADDRESS 3n. STATE 13c. CITY OR TOWN 13b. COUNTY CHES.CITY CECIL NO K YES 🗌 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT IYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 75-7640A APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Emplyena IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE UP DEPARTMENT OF PRIOR TO BURIAL, YES NO.K 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY, YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 2120P.M. TIE PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian PAGE 4 SHOULD BE FOUNDED TO FUNERAL DIRECTOR death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY ACTUAL SIGNATURE. MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DAT 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION POSTATE CHESTER DEL BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M7/77

SERVER B 5 335 John Sucher Broken . w although

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	ο.		
	CEASED NAME	FIRST	N	NIDDLE	į.	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
	. On PROVI)	Grace		V .	R	hoades	December	14.	1985	10:374
3. SE	Х	4. R	ACE		5 DATE C		6 AGE (IN YEARS LAST BIR		ONINS DAYS	IF UNDER 24 HRS
	Female		White		04	20 27	58	YRS		
1000	IRTHPLACE (STATE OR FO	OREIGN 76	76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED		9 BALTIMORE CITY O	R COUNTY	OF DEATH	
M	aryland		USA		WIDOWE		Cecil Co	V		MD.
E	ity or town of dea 1kton		Union				(TYPE OF WORK FOR MOST O Housewife	F WORKING LIFE		F BUSINESS OR
13a. S	AL RESIDENCE (IF NURSI STATE ryland	NG HOME OR OTH 13b COUNTY Ceci		Rising	N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	130 STREET ADDRESS / 2 Waterwhe		ive, 2	1911
14 F	Charles		H. Emory			Mary	ME		Her	
(WAS DECEASED EVER (YES NO OR UNKNOWN)	O FORCES?	Unknown		L. Evelyn Ri	ADDRE ale 2 Water			land 2191	
	Conditions, if ony, gove rise to imm couse to, stoting underlying couse	ediote g the lost.	1b) DUE TO, OR (c)	Diabet Diabet ASCVD	NCE OF	opp et	Hyperte	rajon		
N	PART 2 OTHER SIGN	IFICANT CON	IDITIONS <u>CC</u>	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?		WERE FINDING CAUSES	
MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A.A P.A	M. MONTH DAY YEAR			RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART 1 OR PART 2)	
MEDI	216. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ILE 🗍	21e PLACE C	OF INJURY BET, FACTORY, OFFICE FA	ARM ETC }	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	saw the decease above, (I) we) (d				5/1 25. or	d that in my Dour) opinion		ote and hour	_	that (I) (we) lost couses stated
	226 SIGNATURE	Zee.	<u></u>			DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF [IAN []	22c DATE	SIGNED 1485
	22d PHYSICIAN'S NA	Chih H		MD		22e ADDRESS	mai st		he il	10.21921

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84

230. BURIAL, CREMATION, REMOVAL

Burial

23b. DATE

12/18/85

A. Patterson & Son, P.O. Box 188, Perryville, MD 21903

Conversion to IRECTOR. After this certificate has been signed by the or the library transition of the please removed the transition of the please remove the beautiful transition to buriol, cremoting the properties of the plant of the plant

(VRA 15, 4)

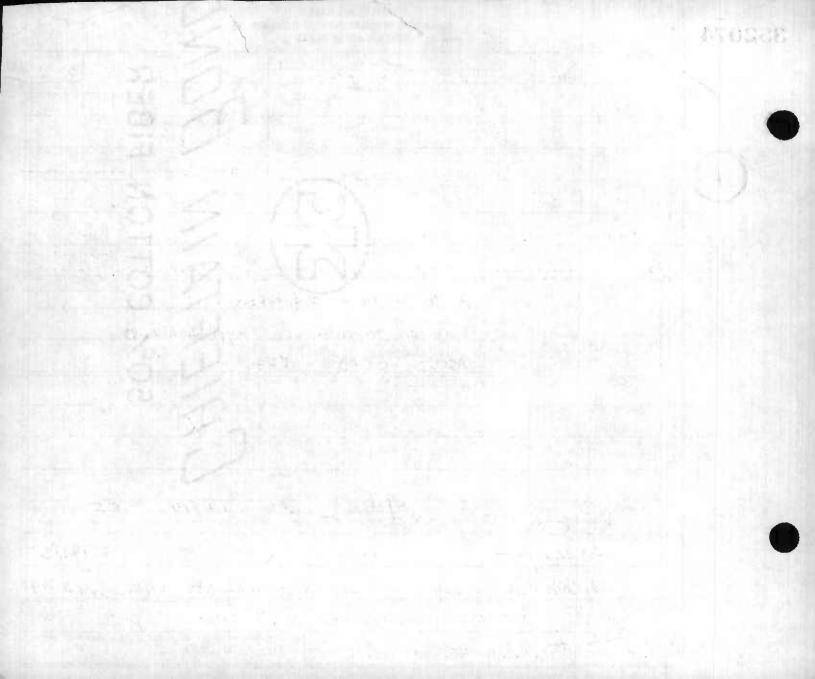
223 West man st 231. NAME OF CEMETERY OR CREMATORY West Nottingham Cem.

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURES WAS



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12-10-					
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 345456 CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH LAST YEAR 2b HOUR I. DECEASED NAME TYPE OR PRINTI 1:10A THOMAS CORDIE SIMMONS DECEMBER 6. 4. RACE S DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR 3 SEX MONTH DAY YEAR MAY 1917 MALE WHITE 68 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY USA DIVORCED CECIL COUNTY IOWA WIDOWED 126. KIND OF BUSINESS OR IR CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (RET) MOTOR VEH. SUP. PERRY POINT VA MEDICAL CENTER FED. GOVT (APG) MD USUAL RESIDENCE (IF NURSING HOME OR OTHER INT 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13a. STATE 13c. CITY OR TOWN NO X 3333 JAMES RUN ROAD 21001 HARFORD ABERDEEN YES [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST FIRST MIDOLE LAST S. I YONS JAMES SIMMONS SARAH Μ. ADDRESS 160' WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! 212-16-2854 MRS. MARTHA J. SIMMONS SAME AS #13e WW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) UPPER GASTROINTESTINAL BLEEDING DUE TO OR AS A CONSEQUENCE OF PORTAL HYPERTENSION Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION CIRRHOSIS 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [NOV YES [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY HO HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE WHILE 22a.1 certify that (1) (this hospital) attended the deceased from NOVEMBER 29 19.85. to DECEMBER 6 19-85 saw the deceased alive on DECEMBER 6 19. 85 and that in (mx (our) opinion death accurred on the date and have and from the causes stated above, (triwe) (did) (didsnor) view the body after death. DIRECT 22c. DATE SIGNED DEGREE ATTENDING MEDICAL 12-6-85 DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS CHRISTOPHER BERCHELMANN, M.D. VA MEDICAL CENTER, PERRY POINT, MD 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

ROCK RUN CEMETERY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

BURIAL

24. FUNERAL DIRECTOR

MITCHELL FUNERAL HOME, HAVRE DE GRACE, MD.

21078

CITY OF TOWN

ROCK RUN. HARFORD COUNTY. MD

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE via Baydoon

STATE

351044	FOR STATE REGISTRAR	DE	STATE OF MARYL PARTMENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIENES	3 4 0	5 /
	1. DECEASED NAME FIRS	T MIDDLE	ŁAST	2a DATE OF DE		2b HOUR
4 84 /	1. DECEASED NAME FIRS (TYPE OR PRINT)	Н.	Simpson		12-10-85	1855
1	Male	White	5. DATE OF BIRTH MONTH DAY 07-07	YEAR 62	LAST BIRTHOAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	HOURS MIN
pr free of the state of the sta	70. BIRTHPLACE ISTATE OR FOREIGN (COUNTRY)	76 CITIZEN OF WHAT COU	MARRIED LI NEVER		CITY OR COUNTY OF DEATH L County	MD.
5 1 1 6 /	Perryville	Union Hospit	al of Cecil Co	(TYPE OF WORK FO	CUPATION 12b. KIND C IR MOST OF WORKING LIFE) INDUSTRY retired	OF BUSINESS OR
MARYLAND 212		me or other institution, give resident 13c. CITY of Perry	CE BEFORE ADMISSION) PR TOWN 13d INSIDE (DRESS arter Hall Rd	1903
ARVIT ARVIT	14. FATHER'S NAME FIRST		AST	S MAIDEN NAME	WIODLE LAS	ST
	Harry 1 16n WAS DECEASED EVER IN U.	Simpson			ADDRESS Grinath	
MORE Pones			-12-0380 Beat		90 Charter Hall	Rd. 21903
RECORDS, 201 W. PRESTON ST., BAL on the second second secular secular second os brem ugned by the attending physics permit. Their please remove curbon paper on prior flourid, comforting or removal.	Conditions, if any, which gave rise to immedia cause (a), stating the underlying cause later	DUE TO, OR AS A CONTINUITY (C)	MIRICULAR INSEOUENCE OF INSEOUENCE OF	D TO THE TERMINAL DISEASE OF THE REPTOR	DISTISTED SOCIONAL PRINCIPLE SOCIAL STATE OF THE SOCIAL STATE OF T	T(S.
DIVISION OF VITAL RATTENDING PHYSICIAN The hospital or attending physicion RECTOR: After this certificate had for use as the buriol-tronsit pat, of Health and Mental Hygier tem 21 is morked or Item 18 shape	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAL 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this	OF DEATH HOUR A.M. MONT P.M. 21e PLACE OF INJURY	TH DAY YEAR 19 211. LOCATI STREET	NJURY OCCURRED (ENTER NATUR	YES YES E OF INJURY IN ITEM 18, PART 1 OR PART 2) TY OR TOWN COUNTY In the date and hour and from the	STATE that (1) (we) lost
D HOSPITAL O toined by the O FUNERAL DI hould be direct with the Stote DO MORRANT. If he	22d. PHYSICIAN'S NAME AAAAAA 23d. BURIAL, CREMATION, REMO	- B. SINGI	22e. ADDRE	ATTENDING MEDICAL, PHYSICIAN DIRECTOR SS	n R OK	110/85-
BP	SPECIFY Burial	12/13/85	Holly Hill Ce	CITY OR TO	e River Balto. M	fary Tand
	24 FUNERAL DIRECTOR	eral Home 300 M	RESS	25a. DATE REC'D. BY REG	185 REGISTRAR'S SIGNAT	

mid a secretary ordered of the secretary SAN SA Mark to be printed to see your party of the seek of

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١		REGISTRAR				CERTIF	ICATE OF DEATH	REG, NO	o.			
1		EASED NAME	FIRST		MIDOLE	L	AST		MONTH	DAY YEAR	2h HOUR	
1	{ I Y PE	OR PRINT)	Harry	F.		Spealman	n	December 20), 19	85	2:00Am	
	3. SEX	9					OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
J	Ma	ale		White		Oct.	16, 1916	69	YRS.	MOITING DATS	MIN.	
	7a BIR	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUN	ITDV2 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH		
d		aryland	0.00	U.S	.A.	WIDOWE		Cecil			MD.	
2		TY OR TOWN OF D		11. NAME OF I	HOSPITAL, N	URSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION		126. KIND OI	F BUSINESS OR	
7		rry Poin		Perry	Point	V.A.M.C	3.	Disabled		US Ar	my	
	USUA 13a: S	L RESIDENCE (IF N	138 COUN	OTHER INSTITUTION,	GIVE RESIDENCE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD	DE .		
d		ryland	Ceci	1	Conow	ingo	YES NO X	01d Fort F	'arm/	21918		
ï	14 FA	THER'S NAME		MIODLE	LAS	51	15. MOTHER'S MAIDEN NA	ME		LAS1		
4		Harry		illiam		ealmann	Emma	Catheri		Roth	name1	
		AS DECEASED EV		MED FORCES? E WAR OR DATES)		SECURITY NO.	17 INFORMANT	ADDRE	SS			
1		Yes	WWI	I	213 09	5755	May C. Hann,	537 Carsins	Run	Rd., Aber	deen,MD	
1		18 CAUSE OF DE PART I. DEATH	ATH (Enter on	ly one couse per	line for (0), (bi, and (ci.)				APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH	
1		PARTI. DEATH		E CAUSE (o)	Cardio	pulmona	ry arrest		1 =0.50			
1				DUE TO, O		SEQUENCE OF						
1		Conditions, if o		(b)	Chroni	ic obstru	active pulmona	ary disease				
1	1	couse (o), sto	oting the	DUE TO, O	R AS A CON	SEQUENCE OF						
		underlying co					oulmonary fib					
	NO	PART 2 OTHER S	ignificant (ONDITIONS <u>CC</u>	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI)ITION GI	IVEN IN PART 110	3	
1	CERTIFICATION	190 DATE OF OPE	RATION	19b. COND	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE				
V	TIE							YES NOX	res [NO [
Ī	CER	210. ACCIDENT WAS		216 TIME O		H DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)		
۱	CAL	OR CONTRIBUTING		117		19						
i	MEDICAL	21d INJURY OCC		21e PLACE		OFFICE FARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
									1000			
		22a. I certify that.	XIX this hospi	tol) ottended th	e deceosed f	rom Decer	nber 13. 19_85	toDecemb	er 2	09-85	thotXIX(we) lost	
	331	abave Tr	eosed olive on	view the body	ofter death.		nd that in XX(our) opinion	death occurred on the do	te and ho			
		274 SIGNAMORE	al	_			DEGREE	MEDICAL STAF	c	22c. DATE	SIGNED	
Ц		X	The -	-411			PHYSICIAN .	DIRECTOR PHYSIC	IAN	12-2	20-85	
		22d. PHYSYLAN'S					22e ADDRESS					
				Bastien	, M.D.		VA MEDICAL		Y PO	INT, MD	21902	
-	23a. B	urial, crematio Burial	N, REMOVAL		1005		EMETERY OR CREMATORY	Overlea, I	1 - 1 - 1	COUNTY	STATE	
	_	Burial INERAL DIRECTOR		Det. 23	,1985	Gardens	s of Faith	Uverlea, I	alti	more, Mar	ryland	
		NERAL DIRECTOR		T T)-		RESS A 1		DEC 24 19	5	LAK SAIGHT	M-Mandale	

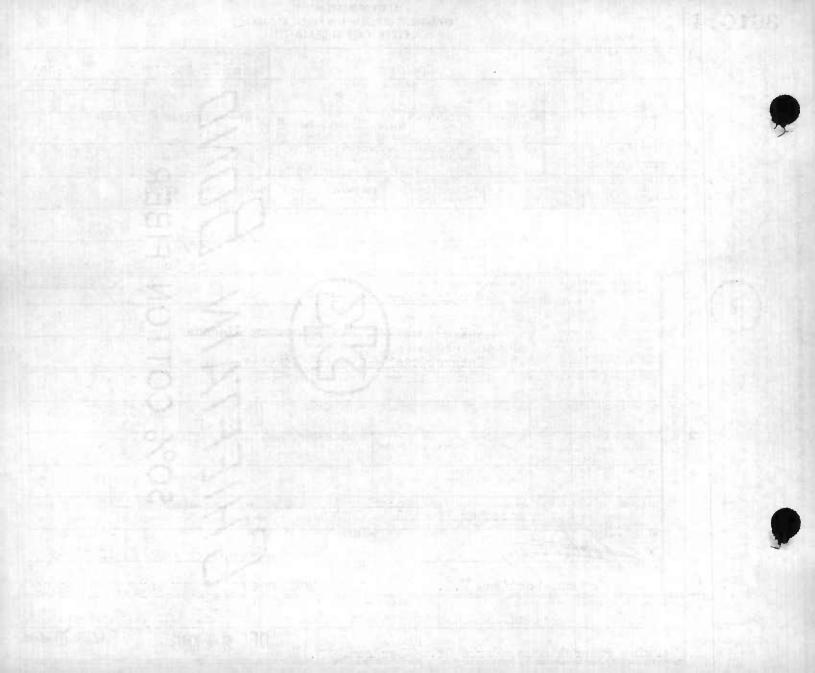
Tarring Funeral Home, Parke St., Aberdeen, MD.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the buriol-transit permit. It with the State Dept. of Health and Mental Hygiene priort



007078

72h SIGNATHER

24 FUNERAL DIRECTOR

224 PHYSICIAN'S NAME (TYPE OR PRINT)

Burial

STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPARTM	CERTIFICATE OF DEATH REG. NO.						
	CEASED NAME	FIRST	٨	AIDDLE	į,	AST	2a DATE OF DEATH		AY YEAR	2b. HOUR	\
,,,,,,		mma		Ε	Ste	einhilber	Dec. 26	1.985		9:45	Ам
3. SE	X	1	I. RACE		5. DATE O				FUNDER I YEAR	IF UNDER 2	MIN.
	Female		White		Jar		86 yrs.				
	RTHPLACE (STATE OR I	FOREIGN 7	76 CITIZEN OF WHAT COUNTRY?			NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	OF DEATH		
	Maryland		U.S.		WIDOWE		Cecil			7.7	MD.
10. C	ITY OR TOWN OF DEA	ATH 1		OSPITAL, NURSING HEACILITY, GIVE STREET A		R OTHER INSTITUTION	12a USUAL OCCUPATION		12b. KIND O	F BUSINES	SS OR
	Rising Sun		Calvert Manor Nur			Home, Inc.	Housewife	2			
	AL RESIDENCE (IF NURS	13b COUN		GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE			1515
	Md.	Cec	cil Rising Su			YES X NO [1 Haines A		21911	70	
14 FATHER'S NAME FIRST			MIDDLE LAST			15. MOTHER'S MAIDEN NAM			1.45	7	
	William		R.	Ropka		Eleanora		Emmore	E		
	VAS DECEASED EVER		MED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	Perry	ville,	Md.	21903
,	No			214-20-8	3562	Lee Steinhil					
	18 CAUSE OF DEATH lEnter only one couse per			lineffor (a), (b), and	lic-i	001.	1		APPROXI BETWEEN	MATE INTERV	AL DFATH
	PARTI. DEATH W	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)			Lord	heart la	dine			mont	to
	Marie Control		DUE TO, OF	AS A CONSEQUE	NCE OF				1		- (7)
	Conditions, if ony,		(d),	H.S. C			5	Maria	12-		
	gove rise to immo	g the	DUE TO, OF	AS A CONSEQUE	NCE OF					0	
	underlying couse	fost.	(c)_	- 5- 5-1					4	- 3 3	
NO	PART 2 OTHER SIGN	NIFICANT CO	Onditions <u>cc</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	OITION GIVE	N IN PART 10	5	
CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDI	ondition for which operation was performed			20a AUTOPSY?		WERE FINDIN		
RTIF	333						YES NO	YES		NO [
	21a. ACCIDENT WAS UNI	CAUSE OF DEAT	HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAI	RT I OR PART 2)		
MEDICAL	21d INJURY OCCUR		21e PLACE			211 LOCATION STREET					
£	AT WORK AT WO	RK -			nm, FIC J	SIREE	2.07 0 1 0 1			311	
	22a I certify that (1)	(this hospital	ol) ottended the	deceased from_	12-	19 83	_, to	2-la 1	985	that (I) (w	e) lost

ne prior the burial-transit and Mental Hygi far use as af Health TO FUNERAL DIRECTOR: , should be detached for use with the State Dept. of Hea

18 sh

or Heim

marked

MPORTANT

ATTENDING BP.

PHYSICIAN:

DIVISION OF

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE

sow the deceased alive on 12-25
above, (I) (we) (did) (did not) view the body after death.

23c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery

DEGREE

22e ADDRESS

19 85

M LOCATION

MEDICAL

_, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

COUNTY

22¢ DATE SIGNED

STATE

Port Deposit Cecil Maryland JAN 3 LED JUNE NEW TOWN whe war ason frenchesse

Md.21903

Patterson & Son Perryville.

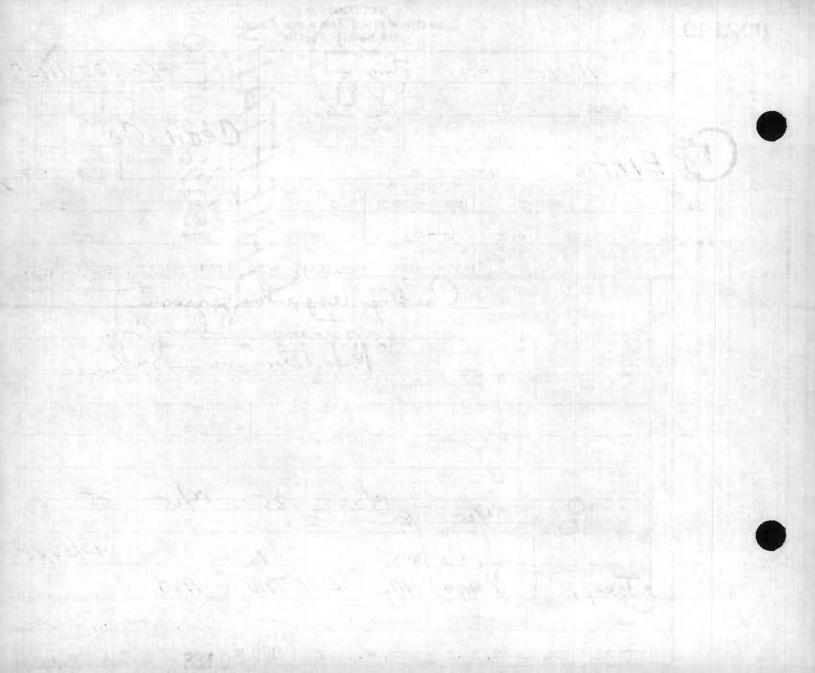
Dec. 29

ATTENDING

PHYSICIAN

STAFF

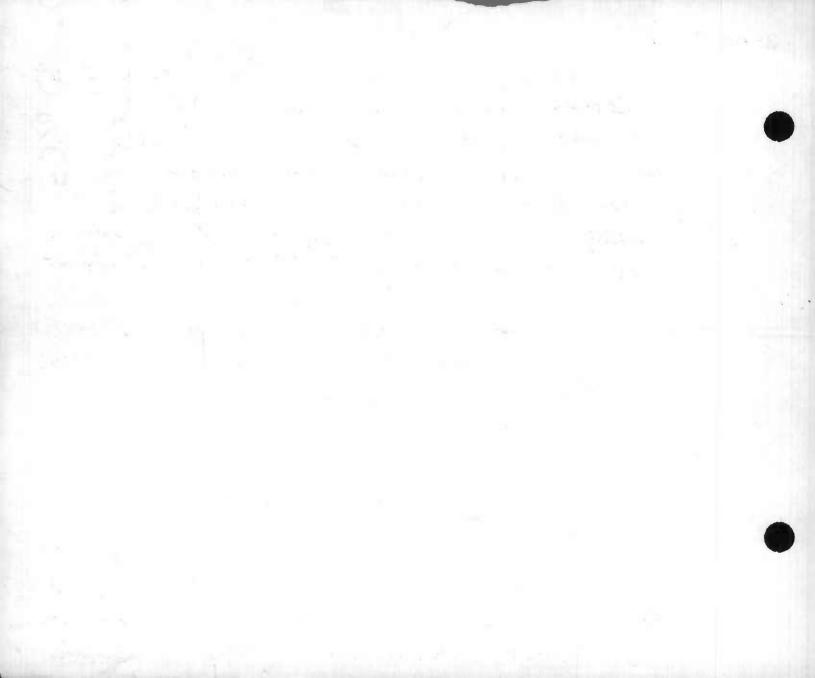
02149	1-	FOR STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL H' ICATE OF DEATH		340/3	j
	1 DE	CEASED NAME FIRST		MIDDLE	- 1	AST	REG. NO		UR
poge 3		OR PRINT) MAL.	E HEI	LEN	TAYI	OR	/	2/25/85 11	05
od e	3 SE	(4 RACE	Manual Company		F BIRTH	6. AGE (IN YEARS LAST BIRT		ER 24 HRS
of o		FEMALE	WHITE		FEBRL	JARY 2. 1906	79	YRS. HOURS	Min's.
82 5	I BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	/2 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
15	5	MARYLAND	USA		WIDOWE		Ceci	(0	M
C A	10.9	PORTOWN OF DEATH	11. NAME OF	HOSPITAL, NURS		R OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		VESS O
121	E	AKTON		ON HOSPITA			(RET) CLERK	STATIONERY	STOR
be be	USU	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION		ORE ADMISSION)	13d INSIDE CITY LIMITS?			
Filled Sold Le	130		FORD	HAVRE de		YES X NO	710 GILES ST	REET 2107	78
2 sh	14. FA	THER'S NAME			GI II IOL	15. MOTHER'S MAIDEN N	IAME	LAST	Ü
and land		FIRST WILLIAM	GRANT	MITCHE	11	ANNA	MARY	LOFLIN	
L Sel		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SE		17 INFORMANT	ADDRE	SS	
Poges medica	- ((IF YES, C	SIVE WAR OR DATES)	219 28 8	690	WILL TAM H. TAY	VI OR 60 RAZOR ST	RAP RD. NORTH EAST.	MD.
n signed by the ottendin Then please remave carb ir ta burial, crematian, ar injury, ar ather traumotic	NOI	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, C	OR AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	DUENCE OF	A Lustale NOT RELATED TO THE TE			
physician. tificate has bee 1-transit permit. al Hygiene pria m 18 shaws any	CERTIFICATION	190 DATE OF OPERATION	196. CONE	OITION FOR WHIC	TH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE. YES \(\bigcap \) NO	ATH?
burial-tronsit p Mental Hygier ar Item 18 shav		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY ,,M. MONTH	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUR		
e as the bur ofth and Me morked ar II	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFIC	E, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
CTOR: for us of He		220.1 certify that (1) this ho sow the deceased of above, (1) we (did and		2 deceased from 2 10 valter death.	185.0		on death occurred on the do	ote and hour and from the causes	
FUNERAL DIRECTION of the State Dept. ORTANT: If them		22b SIGNATURE	I GO FRINCI)	8%	us !	ATTENDING PHYSICIAN ZIN ADDRESS			185
should be det with the Stote		Joseph	1 2	9131	MO	EIKTO	in m	d	
	230.	BURIAL CREMATION, REMOV			c. NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION CITY OR TOWN	COUNTY	STATE
		BURIAL	28DECEM	BER85	HARFORD	MEMORIAL GARDE		HARFORD CO., MARYLA	IND
50M7/77 5 (4))	24 F	UNERAL DIRECTOR		ADDRESS			ATE REC D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE	
J (~1)		MITCHELL FUNERAL	HOME PA,	HAVRE de C	GRACE, MI	D. 21078	LU 30 1005	Suria Nacida , Mil	40



DIVISION OF VIT

Exercise a seminante de la Companya del Companya de la Companya del Companya de la Companya de l The End State of the Control of the HOLD THE THE COURT OF STATE OF CATOLOGIAM SALL MINES TO MINES Clast C 217772 SHOEL The Comment of the Comment LIAN COS MONSTORIO 10 11 11 11 61 51 11 11 18/1/21 X OU " COSE" KINDERS SYSTEM IND THE STATE ELECTION PRODUCTED . The Market Community of the Community E MINA AND THE THE PROPERTY OF THE PERSON OF

	1	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H	YGIENE 8 5	34012
364082	' '	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIODLE	LAST	20. DATE OF DEATH MONTH	H DAY YEAR 26. HOUR
2 poge 3	{ITPE	OR PRINT)	in T.	Wallace	12	1 16 85 650
You od o	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	FUNDER I YEAR FUNDER 24 HR
ge 4 ector.	1	PEMALE	BLACK	12 24 89		YRS.
th. Po		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED WEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH
o ann	10.0		115/7	WIDOWED DIVORCED [CEC	A VALUE OF DIVERSES OF
office of with		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS]	120 USUAL OCCUPATION OTOPE OF WORK FOR MOST OF WORK HUMEWELF	(ING LIFE) 12b. KIND OF BUSINESS C
1111111	OSU.	AL RESIDENCE IF NUMBERO HOME D	COLICE WOOD	Oursing CENTER	Manuficon	011 0
i Marks	131	janjan Ker	13c, CITY OR T		RT DORESS / ZIP	CODE 2661
1	79.50	THERS NAME	MEDINE LAST	15. MOTHER'S MAIDEN I	NAME Mybie	LAST
1 18	/	WESLEY	8411	rens CECIL	14	MAYLOR
ond o	161	VAS DECEASED EVER IN U.S. AF	WAR CHEATEN 215-20	2548 IT INFORMANT ROS	SAH " ADDRESS	R. ESH'S.
2 34 4		18 CAUSE OF DEATH (Enter o	nly one couse per line for (a) (b)	and ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
refice on pay eman event.		PART I. DEATH WAS CAUSI	TE CAUSE (a)		rcs7	MINHAL
S BASE			DUE TO, OR AS A CONSE	QUENCE OF ALL		
dear ton ton		Canditions, if any, which	((b) /-1	PINT/ION)	venna 14	WOEW.
of the by the serena other tr		gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF THE TIMES	Escours	1482
ned pled pled in the control of the		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMIN AL DISEASE OR CONDITIO	N GIVEN IN PART 110
The part of the pa	Z	DIMEST	CI MELLIA			CASE
111177	AT.	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20g AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
2 1811	CERTIFICATION				YES NO	CERTIFYING CAUSES OF DEATH?
58 48847	8	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN IT	
34 445 74		OR CONTRIBUTING CAUSE OF DE				
N P 0 1 2 4 /	WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
E 1 4 2 7 17	2	WHILE O NOT WHILE O	(AT HOME STREET FACTORY, OFF		CITY OR TOWN	COUNTY
Day 1 St. of the Control of the Cont				105316	2 12-16	01
S = # 5 # #		220.1 certify that (I) (this hosp	ital) ottended the deceased fro	Cal.	, to	, 19, that (I) (we) I
E 4 62 5 5		abave, (1) (we) (did) (did no	of view the bady after death.	9, and that in (my) (aur) apini	an death accurred an the date an	d have and from the causes stated
Man Hard		226. SIGNATURE		DEGREE		224. DATE SIGNED
AL AL C		Thus	well	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DHYSICIAN [12/17/8
E4 # # # 7		224. PHYSICIAN'S NAME (TYPE	OR PRINT	22e ADDRESS	<i>c</i>	
O HOS retained TO FUN with the		LINWOOD 1	SNUS MP	721 Tra	1062 STREP E	(UCS) 110 2
5 5 5 5 3	230	BURIAL, CREMATION, REMOVAL		3c NAME OF CEMETERY OR CREMATOR		
BD /	230	(P3 (FY)) Q . A (12-21-1885	FOUNT AN CEM.	CITY OR TOWN	RECE - MILIATE
DF	79.5	AL DIRECTOR	1.7.71-1100	J00/01/11/40 C=F	DATE REC'D. BY REGISTRAR 256. R	ECICTO ADIC CICALATUDE
DHMH - 16 50M 4/83	K	TAME OF 1	C LABORE	TOTAL ALL DE	C 2.6 1005	A SIGNATURE



	FOR STATE		DEPARTMENT OF HEALT	H AND MENTAL HYGIEN	TU	4013
	REGISTRAR DECEASED NAME	FIRST	WIDDLE			MONTH DAY YEAR 26. HOU
Contraction of the last	PE OR PRINT)	John	H. U	Viles	OF ESTI-	12 241085
STREET STREET	M AL IA	S. DATE OF BIRTH MONTH DAY OCT. 16.	YEAR LAST BIRTHDAY) MO		26. DATE M PRONOUNCED DEAD	12 94 19 \$5 7:30
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRYS 8	RRIED NEVER MARRIED	BALTIMORE CITY OR C	COUNTY OF DEATH
	ennsylvania		WIDO		AL OCCUPATION (TYPE OF	WORK 1126 KIND OF PUSINESS
	Elkton	26 ST	SPITAL, NURSING HOME, OR O' MEILITY, GIVENTREET ADDRESS) - MICHAELI.		IAL OCCUPATION (TYPE OF A A A OST OF WORKING LIFE) Laborer	WORK 126 KIND OF FUSINESS OR INDUSTRY
	STATE	URSING HOME OR OTHER INSTITUTION, G	13c. CITY OR TOWN		EET ADDRESS	
The Person Name of Street, or other Persons	Maryland FATHER'S NAME	Cecil	Elkton		St. Michaels	Court 21921
1	FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAME	MIDDLE	LAST
160.	Charles WAS DECEASED EVE	H.	Wiles 166. SOCIAL SECURITY NO.	Grace 17 INFORMANT	ADDRESS	Hollada
	(YES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	219-34-1180		1 711-	0.00.
	18 CAUSE OF DEA	TH (Enter only one couse per line		Mrs. Betty Wi	lson, Elkton	APPROXIMATE INTERVAL
	PART I DEATH V	WAS CAUSED BY:	Atheroscler	otic heart	disease	BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (o)	R AS A CONSEQUENCE OF		7.540.00	
9	Conditions, if					
MEDICALCERTIFICATION	gave rise to cause (a) statin	g the under- DUE TO, OR	R AS A CONSEQUENCE OF			
	lying couse last	(6)				
	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1 101		
Z	Congest	ive heart fair	lure Chroni	c obstructive	pulsonary	direau
7 3	190. DATE OF OPER	ATION 196. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?	1	20 AUTOPSY?
H						YES NO
CERTIFICATION	210. EXTERNAL CAL		FINJURY A. MONTH DAY YEAR	HOW INJURY OCCURRED (ENTER I	NATURE OF INJURY IN ITEM 18 PART	T I OR PART 2)
) B	CONTRIBUTING	CAUSE OF DEATH P.A	۸. 19			
MEDICAL	21d. INJURY OCCUP	STREET FAC	OF INJURY (AT HOME, 21f. I	OCATION STREET	CITY OR TOWN	COUNTY STATE
1		WHILE WORK				91016
	22a I certify that	I took charge of the remains de	scribed obove, held on Auto	opsy , Inspection ,	Inquiry , ond in	n my opinion
	death resulted from		Accident . Suicide	7 .	ermined monner	
	N. College	(5)	0	TITLE (SPECIFY)		
4	ACTUAL SIGNATURE	1/1	04	M.D. Deputa MED		DATE 12-24-85
2	EXAMINER'S NAME	400			1001.	44 9 4 9 9
	(TYPE OR PRINT)	Juan C Gonz	sucoital M	JADDRESS UNION HOS	pital Elkto	n MD 21921
230	BURIAL, CREMATION,	REMOVAL 236. DATE	23c. NAME OF CEMETERY	OR CREMATORY 23d LC	CATION	COUNTY STATE
	Burial	12-30-85	Immaculate C	oncontion	Chorry Hill	
0.4		1	^	TO AS TE DECIDE ON	ONOTE IN TAIL BUT TO TO TO	Md.
	FUNERAL DIRECTOR	IL E X/in	EIKTON, MD. 219	DEC 3.1		don-Randelle

Elegativa de la constanta de l The second secon 12012 June alesdain .1 c5 x - Mallada -TIPLE THE DESCRIPTION OF THE PROPERTY OF THE P Sucial 12-30-65 Jawaulatu Concention - Durry 1111 co ttor, page 3 after death

- STATE REGISTRAR

STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MEN	ITAL HYGIENE
CERTIFICATE OF DEA	TH

REG. NO 20. DATE OF DEATH MONTH

	r death. rag		other 72 hope	6
LAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the coll certificant be executed within 24 hours after death. Fog	COMPANY TO SECOND	NOT FUNERAL DIRECTOR. After this centricate has been signed by the great of the properties of the burial-transit permit. Then please the burial-transit permit. Then please the burial-transit permit.	1
TIMORE, MARY	be executed with		S. Page III.e.?	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	City City	-	adoption of	ion, or temoral.
DS, 201 W. PRE	quires that		hen please	to burial, crement
VITAL RECOR	AN: The low red	hysician.	fronsit permit 1	I Hy
DIVISION OF	JOING PHYSICI	retained by the haspital or attending physician.	use as the burial-	with the State Dept. of Health and Mental Hy.
•	ITAL OK ATTEN	by the haspital	detached for u	State Dept. of H.
	TO HOSP	retorned	should be	with the 5

DECEASED NAME FIRST 26 HOUR (TYPE OR PRINT) Loretta Taylor Williams 1985 Nov. 25. 1:45 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH 12 Female White 31 1895 **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Cecil New Jersev USA WIDOWED XX DIVORCED IR CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Perryville 33 Patterson Avenue Wilson Ford ect'v/Bookkeeper USUAL RESIDENCE I P NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a STATE
13b COUNTY
112 CITY OF TOWAR 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Cecil Perryville 33 Patterson Avenue NO XX 21903 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Benjamin Boulton Taylor Elizabeth Davis ADDRESS Perryville, MD 21903 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 220-03-2874 Catherine W. White 45 Patterson Avenue No 18 CAUSE OF DEATH | Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ON 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21L LOCATION 710 PLACE OF INTURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN S DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRIL 22e ADDRESS Antonino H. Calon, M.D. 611 S. Union Avenue, Havre de Grace, MD 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL STATE COUNTY 11/27/85 West Nottingham Cem. Bunial Colora Cecil MD 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

A. Patterson & Son. P.O. Box 188. Perryville, MD 21903

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

AN PERS - Company of the second of the

PRESTON ST

201 W.

DIVISION OF VITAL RECORDS.

- STATE REGISTRAR 1. DECEASED NAME

LIVE OF PRINTS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH	REG. NO.		
LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
Williams	Dec. 29, 198	5	8:15 A.
DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
Oct. 9. 1916	69	MONTHS DAYS	HOURS MIN.

3. SEX 4. RACE Female White 7a. BIRTHPLACE (STATE OF FOREIGN

MIDDLE

Jones

U.S.A.

76. CITIZEN OF WHAT COUNTRY?

13c. CET PRIEWN

Jones

MARRIED NEVER MARRIED WIDOWERT DIVORCED [

YESXEX.

BALTIMORE CITY OR COUNTY OF DEATH Ceci 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR

10. CITY OR TOWN OF DEATH Elkton

EIRton, Md.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

Newark Avenue

LIYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired -Bakery Owner

MIDDLE

13e STREET ADDRESS / ZIP CODE Newark Avenue 15. MOTHER'S MAIDEN NAME

4 FATHER'S NAME John

130 STATE Md.

Thomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO.

(IF YES, GIVE WAR OR DATES)

Malda 17 INFORMANT

Bryson ADDRESSRISING Sun, Md. Phyllis W. Yale 320 Lombard Rd.

20b. IF YES, WERE FINDINGS USED

216-07-179 II. CAUSE OF DEATH Enter only one cause per line for ig), this age PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IN

136 COUNTY

FIRST

Marie

DUE TO: OR AS A CONSEQUE INSEQUENCE OF

couse ioi, storing the underlying course last

190 DATE OF OPERATION

Conditions, if any, which gave rise to immediate

DUE TO, DR

19h. CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 10 RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM

IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

21f LOCATION STREET

CITY OR TOWN

COUNTY STATE

saw the deceased live on. 77h SIGNATURE

CERTIFICATION

DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED 12-29-85

Weeph G Lanzi. M.D.

22a.1 certify that (1) (this haspital) attended the deceased

23b. DATE

22e ADDRESS

Bridge St., Elkton 23¢ NAME OF CEMETERY OR CREMATORY

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

236 BURIAL, CREMATION, REMOVAL (SPECIFYBuria) 1-2-86 BP 24 FUNERAL DIRECTO

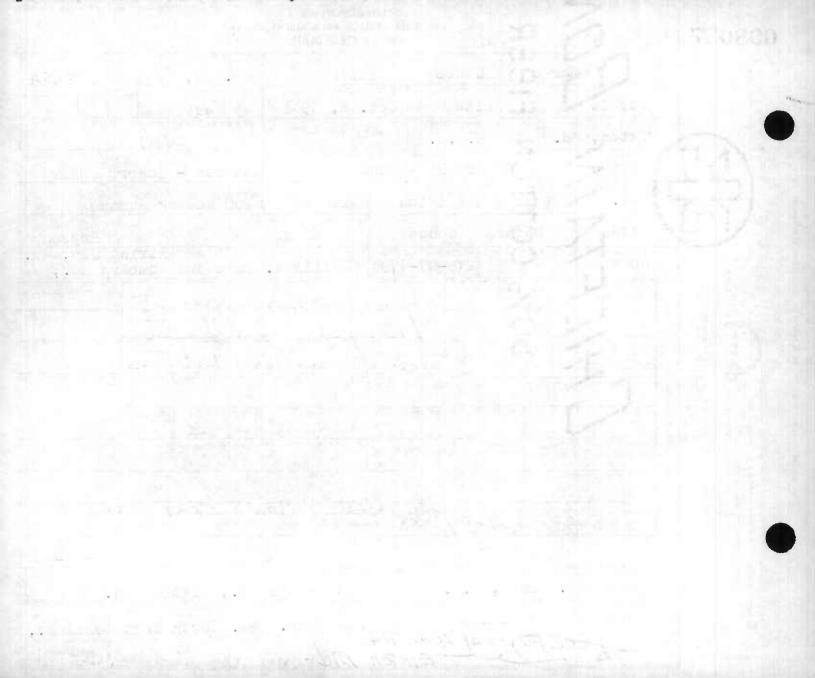
224 PHYSICIAN'S NAME

North East Meth. WACRA.

North East 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

uld be det the State ORTANT:



STATE OF MARYLAND

		FOR			DEPARTA		OF MARYLA		IENE B 5	3	4 5	10
014168	1.	STATE REGISTRAR					CATE OF D		REG. N	10.		
ne th	I. DE	CEASED NAME	FIRST		MIDDLE	1 ,	BR		20. DATE OF DEATH	MONTH /	DAY YEAR	26. HOUR
poge 3	2.66	11/4	R4	4 RACE S. DATE OF BIRTH					6 AGE (IN YEARS LAST BE	1.2/0	IF ONDER I YEAR	IF UNDER 24 HRS
tor. p	3 SE		/	MONT			DAY	YEAR	AGE (INTERNSTAST BI	1	MONTHS DAYS	HOURS MIN.
6 40	7a. B	Female RTHPLACE (STATE ORF	OREIGN	THE CITIZEN OF WHAT COUNTRY?		BULY		393	9 BALTIMORE CITY	YRS. OR COUNTY	OF DEATH	
# 100		lew York		USA	MARRIED		NEVER M	ORCED	Cec.	-/	(0	MD.
1/2/2//	10 C	TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSIN	G HOME O		ITUTION	120 USUAL OCCUPAT			F BUSINESS OR
1 短線影		E17 101	V.	Un	ion Hospi	ital	06		Homemake			
1	13a	AL RESIDENCE (IF NURS	136 COUP		136. CITY OR TOW	ADMISSION)	13d. INSIDE CI		13e.STREET ADDRESS			21921
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mplete	14.17	FIRST W111iam		WIDDLE	LAST			FIRST	WIDDLE		LAS	.1
- 0		VAS DECEASED EVER	IN U.S. AR		Kenney		17 INFORMAL	NT NT	ADDR	RESS	Doughte	ery
e exect	(NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	118-36-9	9373	Mr. Pa	atrick	O'Hara, El	kton.	Md. 219	221
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low erms	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATION	V WAS PERFOR	RMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN	OF DEATH?
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OR ATTENDING e hospitol or ott DIRECTOR After oched for use as th Dept. of Health or f Hem 21 is marke	V	220.1 certify that (I) sow the dece			e deceosed Irom_	1911	4	. 19	to 12/30	85		that (II (we) lost
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DHMH - 16 60M 7/B4 (VRA 15, 4)		NAME I	h C	o. Hic	RS ADDRESS	New		JAN	1 3 1900		KAR SSIGNAT	
(VIA 13, 4)	n	ICKS HOME	TOL L	UNEKALS	· ELKTON.	MD.	21021		U			

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